

ADDITIONAL
OBSERVATIONS
ON THE
TREATMENT
OF
CERTAIN SEVERE FORMS OF
HEMORRHOIDAL EXCRESCENCE,
ILLUSTRATED BY CASES;
WITH
THE HISTORY OF A CASE
IN WHICH
AN ENLARGED PAROTID GLAND
WAS SUCCESSFULLY REMOVED.

By JOHN KIRBY, A. B.

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IRELAND, ONE OF THE SURGEONS OF THE COOMBE HOSPITAL,
AND OF THE CHARITABLE INFIRMARY, JERVIS-STREET, LECTURER
ON THE THEORY AND PRACTICE OF SURGERY AT THE ANATOMI-
CAL THEATRE, PETER-STREET, DUBLIN.

“ It is certainly a disease, which whoever labours under must lead a
“ miserable existence, consequently every attempt towards the relief of it
“ must be proportionately valuable.” POTT’S WORKS.

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TO

SIR ASTLEY COOPER, BART. F.R.S.

SURGEON TO HIS MAJESTY,

GEORGE THE FOURTH,

§c. §c. §c.

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DEAR SIR,

I CANNOT with equal pleasure dedicate the following pages to any other person as to you. I have long desired a public opportunity of expressing the high esteem in which I hold your professional character ; and I conceive it fortunate that the occasion which favors my wishes originates in an effort to establish the safety of operations, few are disposed to undertake, and many agree to discountenance. I trust you

will receive them as they are intended—a tribute from one who loves his profession, to one, whose labours have been so eminently useful, and who is now the brightest ornament of Surgical Science.

I have the honour to be,

My dear Sir,

Your very faithful and

Obliged servant,

JOHN KIRBY.

*Dublin, Harcourt-street,  
May 25, 1825.*

## ADDITIONAL OBSERVATIONS

ON

### *HEMORRHOIDAL EXCRESCENCE.*

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EIGHT years have now expired since the publication of my “Observations on the treatment of certain severe forms of Hemorrhoidal Excrescence:” Within that period several have experienced the value of the means I proposed for their relief from the torture of a disease, which had rendered vain every effort that surgical skill could suggest, as likely to mitigate the severity of its symptoms. Besides, the operation has been performed by a few other hands, and has received not only the sanction which a successful issue confers, but is spoken of with that appro-

bation which a candid and honest man will never withhold from a plan that accomplishes all it proposes by the removal of a malady, under the continuance of which existence is an unsufferable burden. After such a length of time, when it is possible to speak with confidence of the happy results to those individuals who had early submitted to the operation, and that I have it in my power to multiply the evidences of its value, I feel myself called on to publish what my experience has since taught me on a subject so closely interesting a large number of most unhappy beings.

In my Observations on the "Treatment of certain severe forms of Hemorrhoidal Excrescence," published in 1817, I allude by postscript to the case of Mrs. T——, on whom I had operated four days previously. As it was not then in my power to give the sequel of the case, I hope I am excusable in introducing the subject here a little more in detail.

## CASE I.

Mrs. — was about forty years of age, married—the mother of several children, and enjoying good health up to the period in which she was attacked by the disease in question. —Its severity increased with rapidity, and at length attained so painful a degree, that she could not go into society, or attend to her domestic concerns; and was, in short, for the greater part of the day compelled to remain in bed. Her bowels were never free without the aid of medicine, and even its operation produced many hours severe sufferings, with a large prolapsus of the rectum, which seldom returned for several hours afterwards. As I entered no minutes of the preceding history of this case, I applied to my friend Doctor Mills, who had been her physician, for any notes or memoranda he might have taken. He replies—

“ If I had any notes of the case you speak  
“ of you should have them with the greatest



“ pleasure. I recollect that Mrs. T. was, pre-  
“ viously to the operation, subject to great ir-  
“ regularity of the bowels, to a want of appe-  
“ petite—to acidity and flatulence, and to fe-  
“ verish attacks arising from the pain and in-  
“ flammation of the piles, and from the imper-  
“ fect state of digestion.”

For one year she had been thus a sufferer ; her flesh and color were both gone ; and from frequent hemorrhage she was subject to faintings on occasions of trifling effort. The anus was greatly relaxed.—The integuments at its margin had grown into flaccid folds, which might be handled without pain ; these encircled numerous livid piles, some of which were ulcerated on the surface, and were tense and painful to the touch. The rectum within the sphincter was free from hemorrhoids. Pursuing the methods described in Hayden’s case,\* all the hemorrhoidal parts were removed.—The quantity of blood which followed the operation was inconsiderable. The parts were dressed simply, and the bowels were daily opened by small

\* See former Observations.



doses of sulphate of magnesia. The parts healed rapidly, but with a tendency to increase contraction. This inconvenience, however, was soon obviated by the occasional use of the rectum bougie.

Dr. Mills concludes the communication to which reference has been already made in these words :

“ The last time I had the pleasure of seeing  
“ Mrs. T. she told me she was happy indeed  
“ that she had submitted to the operation.”

“ Very truly yours,

“ J. MILLS.”

“ 41, *Dominick-street*,

“ *Sept 26, 1822.*”

After a lapse of eight years I was anxious to ascertain the extent of relief derived by Mrs. T. from the operation. For this purpose I took the liberty of addressing her a note of inquiry on the subject ; the following is the reply I received :—

“ DEAR SIR,

“ I am persuaded it will give you pleasure  
“ to hear I enjoy an excellent state of health,  
“ nor have I had any return whatever of that  
“ complaint, which for THREE years previous  
“ to the operation rendered my life a continued  
“ state of suffering. I know not how to state  
“ my case in technical terms, but I beg my  
“ best thanks for that skill and kind attention  
“ by which I have been, under Providence,  
“ restored to my family.

“ I am, Dear Sir,

“ Your much obliged,

“ And grateful,

“ E. T.

## CASE II.

Lieutenant B——, 68th regiment, twenty-four years of age, consulted me in February 1818; his disease was of several years continuance. The relaxation of the anus was such as to admit with ease the introduction of my

three fingers. The integuments at its margin were but little elevated into tumors. However, when he made an effort as at stool, a considerable protrusion took place, and many internal piles were brought into view. He suffered considerably from severe hemorrhage, which reduced his strength, causing paleness and emaciation. He became irritable and gloomy from constant uneasiness and confinement. For the last six weeks he was unequal to duty, and was frequently advised to make arrangements to leave the service, under the idea that his disease was incurable. The means in common use were often repeated without any other effect on his complaint than a temporary alleviation of pain.

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Doctor Reed, of his regiment, passed the needle and ligature in the manner described in my "Observations, &c." The excision was tedious, in consequence of his restlessness, but was at length satisfactorily accomplished. The succeeding night he was perfectly quiet. Although some blood oozed from the anus, nothing deserving the name of hemorrhage oc-

curred. Under the usual local treatment the parts granulated rapidly. The bowels were daily opened by Ol. Ric.—In three weeks he returned to duty, and shortly after accompanied his regiment to America. By a letter from Quebec, dated October 14, he informs me, “ his health was as good as ever, and that he felt “ no inconvenience from the operation he underwent. He was then setting out on a “ march to Montreal.”

### CASE III.

In December 1819, Mr. Macnamara, Licentiate Apothecary of Anne-street, called on me in the evening, and requested I would accompany him to visit Mr. Bellingham, who had been for a long time confined by a severe attack of piles. The degree of this gentleman's sufferings can be best estimated by his own history of his illness, extracted from a letter addressed to me after he had undergone the operation, and was sufficiently recovered to walk abroad.

“ I was first attacked with the complaint in

“ 1809. In 1812, I consulted three medical  
“ men, and one of them of the first rate in  
“ London. In 1816, the disease increased so  
“ much, that at every stool a great number of  
“ tumors came down, resembling in their colour  
“ and form a large bunch of grapes. For the last  
“ four years I have never been without them,  
“ and after each evacuation I have been oblig-  
“ ed to go through the painful operation of  
“ throwing myself on my back, and forcing  
“ them in again, being subsequently obliged to  
“ remain from six to ten hours on a bed or  
“ sofa, with a strong pressure applied to them  
“ to prevent them from descending before I  
“ could venture to walk across the room. At  
“ length they became so bad, that they con-  
“ fined me altogether, and by suffering and  
“ exhaustion from loss of blood, reduced me  
“ to the deplorable state in which you saw  
“ me.”

The long continuance of his illness ; the advice he had had ; the fair trial he gave all remedies, whether recommended by the faculty or sanctioned by the recommendation of a pa-



tient, and the state of the parts themselves—all these circumstances led me to propose the usual operation, which I was anxious to perform on the next day. Though worn out by the disease and by his disappointment—persuaded that my proposal was the only means by which he could be effectually relieved, yet listening to the fears suggested by his wife and friends, Mr. B——— hesitated to submit to the knife. At length he desired I would refer him to some persons who suffered the operation. Encouraged by their assurances of the cures they had obtained, and of the comparatively little suffering they endured, he yielded to my advice, but was still doubtful by the unpatronizing opinion, of a consultation to which I was obliged to assent, before he would allow his mind to entertain the idea of a surgical operation. Assisted by Mr. Carmichael and Mr. Daniel, I removed the parts the next day, after the usual manner. Dossils of lint dipped in warm oil, stupes and opium, procured freedom from pain for the first three days. With the intention of preventing adhesion the finger was passed at each morning's dressing; the bowels were kept free by sul-

phate of magnesia in the Infusion of Roses. Before the expiration of the third week he was sufficiently recovered to go through town. In the letter from which I have already given an extract, he writes :

“ It is now seventeen days since you operated on me ; I am now, thanks be to the Almighty God, quite well, and enjoying my days in comfort and happiness, which I have not done for many years. I have been out a week all over the town, notwithstanding the severity of the weather. I must now tell you what you are not aware of, that among all the men I consulted you are the only one who promised me effectual relief ; even at the consultation I had to satisfy Mrs. Bellingham’s mind, as all were against the operation. As I was but a perfect stranger to you prior to my illness, I hope you will excuse the liberty I take in requesting you to shew this letter to any person circumstanced as I was, and that if you again publish a book on the subject, you will insert it with my name.

“ Your obliged, and sincere friend

“ JOHN BELLINGHAM.

“ 5, *Dawson-street*, Dec. 29, 1819.”



At the expiration of a month I took a final leave of Mr. Bellingham, giving him my advice still to continue his saline aperient, and to make sometimes a daily introduction of the bougie. I have seen him frequently since he has been under my care. To my inquiries after his health he always replied, he was well. In August last I received the following communication from him :

*“ August 12, 1822.*

*“ MY DEAR SIR,*

*“ I fear there is something not right about  
“ the old business ; ever since I have been cut  
“ there has been a tendency in the parts to  
“ tighten, until I became hard bound. On  
“ these occasions the parts opened and bled,  
“ which usually occurred once in three or four  
“ months, but gave me no pain or uneasiness.  
“ Six or eight weeks since, they bled a good  
“ deal ; since which period there comes away  
“ something like matter, in the quantity of a  
“ desert spoon full every time I go to stool.  
“ There was always some after every bleeding,*

“ even when I had piles, but not so much. I  
“ have no pain or uneasiness of any kind in the  
“ parts, except when greatly confined in my  
“ bowels. The passage is a little sore, but not  
“ more so than at any former time. The mat-  
“ ter is sometimes thin as water—sometimes  
“ there is little or none ; at other times a de-  
“ sert spoonful. As I have the opportunity of  
“ a water-closet I have been watching the dis-  
“ charge.

“ Believe me, your ever obliged,

“ And very faithful,

“ J. BELLINGHAM.

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It is plain, notwithstanding the apparent unfavourable complexion of this report, that Mr. B. has been cured of his hemorrhoidal disease. At motion there is no protrusion—no mention that there exists a necessity for restoring any thing displaced ; no throwing himself upon a bed or sofa for several hours before he could cross his room—no long duration of confinement, with severe suffering. The fact is, the

present symptoms have their origin in an habitual neglect of the bowels, and a careless use of the bougie subsequent to the operation. In another case, in which these attentions were omitted, the consequences were precisely similar, and were remedied effectually by pursuing the course detailed in the history of the case to which the allusion has been made.—Vide case of Captain G——.

#### CASE IV.

In 1820, H. B. M. Esq. beyond forty years of age, of a full habit, and accustomed to indulge in a free manner of living, consulted me concerning piles, to which he was long subject. Until lately they could scarcely be called an inconvenience, but within the last year they have been so troublesome as to interfere with taking exercise—on slight causes becoming tumid, and discharging on other occasions a copious moisture and blood. At these periods he was subject to attacks of vertigo and headache, sickness at the stomach, and wandering uneasiness about the hypogastric region. The

constant irregularity of his bowels obliged him to have recourse frequently to salts. The integuments of the anus were full, but not hard or painful, and of a deep purple colour. On pulling open the anus by drawing the integuments asunder, three piles of a moderate size were brought into view; their mucous covering was soft and vascular. At stool these occasionally grew very large, and compressed by the sphincter they became tense and painful. Passing the ligature as usual, assisted by Mr. Daniell and Mr. Paye, my former pupil, I removed all the marginal integuments of the anus to some depth. The internal tumours brought down by straining were held by the hook, and snipped away with the scissors. With the common attention to the bowels, and a few days dressing, this gentleman was soon in a state to pursue his professional duties.

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Five years have now elapsed, and this gentleman cannot perceive any tendency to a return of his former disease. He has made no alteration in his manner of living. By the attacks of vertigo and head ache he is never troubled,

unless after an evening's excess, and these symptoms are then easily removed by a dose of calomel and some saline aperient, which his family apothecary has prepared for him.

### CASE V.

In the year 1820 I was consulted by the husband of a lady lodging in Longford-street, who described her suffering with a great deal of feeling, at the same time that he expressed his happiness at his wife having at length consented to my calling on her. The severity and duration of her disease were strongly characterised by her appearance. On my entering her room she tottered when she rose to salute me. Her face was of a tallow pale colour, and the bloodless appearance of her lips declared that she had long laboured under an hemorrhagic disease. For the last four months she has been seldom so well as to be able to leave her bed room, and even in her most comfortable moments, for that period, she has been obliged to court ease by a reclining posture. After a few hours recumbency, nothing was observable



at the anus, except a gathering of the integuments at its border into several flaccid tumors, which were sufficiently pendulous to be easily laid hold of between the finger and thumb. These tumors seemed withered piles, and they bore pressure without exciting any sensation of pain. When these were pushed aside, being pressed from the entrance of the anus, they appeared to pull down from within the sphincter the lining membrane of the rectum. This descent remained even when the pressure used to examine the anus was discontinued. The membrane of the rectum, which was of a deep red colour at first, soon became of a more purple hue, and formed itself into tumors rather oval than circular in shape. These soon became tense, and with their tension they grew highly tender to the touch. By a tucking in of the skin in certain lines, these tumors were like all such separated from those composed of the common integuments. The protrusion was greatly augmented by a slight forcing downward, the internal membrane spreading so as to keep from view the tumors originally having their seat externally. Her pain now was greatly increased. She begged me to touch her

gently, and to finish my examination as quickly as I could. In other respects the rectum was healthy. The Sphincter seemed to have lost its tone in a great measure, easily yielding so far as to admit of the introduction of three fingers, and being unequal to support the parts protruded, which scarcely ever failed to descend on exertions so gentle as a walk across her bed room. Vertigo ; head ache ; occasional indistinctness of vision ; tremors ; palpitations ; pain in the back ; hypogastrium, and down the the thighs ; faintness ; want of appetite ; distressing thirst and benumbing coldness of the extremities, with a daily frequency of the pulse, make up the catalogue of the sufferings of this unhappy female. She readily consented to submit to an operation, relying on my assurance that after some suffering it would be certainly followed with efficient relief.

The operation was accordingly performed next day, assisted by my friend Mr. Daniel. The surface of the wound instantly retired from view, and the anus, had it not been from the blood that oozed from it, exhibited no trace



of a surgical operation. Dossils of lint soaked in cold water, and moistened compress sustained by bandage, were the applications used until evening. During the remainder of the day she suffered more pain than is usually complained of. This distress she, with all others, attributed to alternate spasms and relaxations of the part, produced as it were by the desire to discharge from the rectum some incumbrance, and when the point of relief had just been reached, the apprehension of pain obliging her to forbear.

A slighter degree of spasm was constantly present. This she called pulsation; but examining the anus, it was obvious that it depended on the contraction and relaxation of the fibres of the sphincter muscle. These symptoms were alleviated by substituting dossils of lint dipped in warm oil for the cold applications hitherto used, and were farther relieved by the discharge of flatus with a coagulum which had formed within the rectum. An opiate draught procured a comfortable night's sleep. The day passed quietly. On the second morning I introduced the finger to provide against adhesion, and ordered some Ol.

Ric. immediately, and an enema in the evening. Henceforward she made no complaint of pain; and long before the parts were healed she refused to submit any longer to my examinations or dressings, saying, "that now there was no farther necessity for them, as she felt herself quite well." After representing the inconvenience her obstinacy might entail, she consented to my introducing the bougie three or four times, and at length took the subsequent management of herself into her own hands. The result of the interruption to my attendance was soon found to be as I had predicted, a contraction of the anus, much beyond the degree necessary to render the operation efficient, or rather indeed so far as to be productive of great inconvenience on particular occasions. She now found in the narrowing which had taken place a constant necessity for medicine, and a never absent source of apprehension, Though there was no degree of misery she did not anticipate, she could not be induced by me or by her friends to make a constant application of the bougie. At length her fears overcame her, and at the expiration of two years she sent for me to say that she would

submit to any thing I would advise. The bougie was now daily introduced for three weeks. At the expiration of that period one of an inch and a half in diameter was passed with ease.

For the last nine months she had frequently spoken of a tumor, which descended whenever she was at the chair, and obstructed the discharge of the thinnest fæces. I never could discover this tumor so often spoken of, by the introduction of the finger; yet I did not question its existence, for even after medicine she found it impossible to void any thing until it was removed out of the way by passing an instrument for the purpose of pushing it higher into the rectum. On some occasions it descended so low that she touched it, and thus ascertained it to be a tumor foreign and unconnected with the intestines. In a few days after the anus was restored to a convenient diameter this substance was discharged. It consists of small crystals of sulphate of magnesia, disposed in a radiated way round a nucleus of fæces.

## CASE V.

Colonel T——. consulted me in the summer of 1820, in consequence of hemorrhoidal disease he had long laboured under. He formerly had advice in London, and underwent an operation without more than some temporary advantage. Of late he has been greatly distressed by pain, tenesmus, irregularity of bowels, and occasionally a considerable discharge of blood.

The integuments at the margin of the anus are of a livid color. When he makes an effort as if at stool they become particularly purple, swell, and protrude into tumors of the size of small grapes, which at first seem more distinct from each other than usual. As the effort is continued, internal piles also appear; these are of a deep red color, and numerous distinct vessels are easily discernable on the surface. In consequence of the annoyance of the discharge, and the frequent attacks of inflammation, he consulted me, and I, with a certainty of affording him the relief he expected, removed the integuments at the border of the

anus, and as much of the internal lining as appeared on straining. In ten days the parts were sufficiently healed to permit him to go abroad.

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*August 1, 1822.*

I have seen this gentleman frequently since the period of operation. To my inquiries he always replies that he is “quite well.”

### CASE VI.

In 1820 I received the following account from Mr. Griffiths in Holyhead:—

*“ February 13.*

“ Captain — was attacked with hemorrhoids on the last day of January, at Howth; the application of leeches gave instant relief. He returned here on Wednesday the 2d of February, and continued to improve daily until the 10th, when on exposure to cold by walking in the court before his house, the complaint returned with great violence. Leeches have been applied seven times, in number



“ from ten to fifteen each time, but not with  
“ the same good effect he had at all times be-  
“ fore experienced. The leeches drew a good  
“ deal of blood, but did not bleed well after-  
“ wards. The bowels have been kept well  
“ open with Castor Oil, and Elect. Sennæ oc-  
“ casionally. I examined the parts this even-  
“ ing, but not as satisfactorily as I could wish,  
“ from the inflammation and irritability of the  
“ parts, and the great increase of pain in con-  
“ sequence of something there. The tumors  
“ are not as large as I have seen them in my  
“ patient some years ago. One in particular  
“ is extremely vascular, and there is a small  
“ ulcer on another. I this day applied a bread  
“ and milk poultice, and covered the parts with  
“ Ung. Cerus. Acet. Ung. Sambuc. and lin. Opii,  
“ the same quantity, of Vinum. Antim. and a  
“ drachm of the Sp. Nit. Dul. He was in some  
“ respect relieved by it ; he has also been in a  
“ warm bath, but this did not seem to produce  
“ a good effect ; the pain returned, and he was  
“ obliged to make use of the leeches soon af-  
“ terwards. The disease has been, and still  
“ continues extremely obstinate ; and I am

“ very anxious to meet another medical gentleman to consult on this case.

“ R. GRIFFITH,  
SURGEON.”

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This case was handed to me by Capt. ——’s brother, who requested me to take the opportunity of the next packet, and to visit his brother at Holyhead. From his account of the disease I felt assured it was one of those severe cases which required an operation, and one that could be effectually relieved only by the knife. With this conviction I arranged that Mr. M. Daniell should accompany me as my assistant.

The night before our arrival Captain ——’s sufferings were considerably relieved—the inflammation had much subsided, and he could bear as free an examination as we desired. Until he forced down, as if at stool, the anus did not exhibit any preternatural appearance. When such an effort was made the membrane of the anus became everted, and formed into tumors of a deep purple color. These swelled,



and when exposed for some time grew very tense and painful—the rectum in other respects was healthy.

The subject of this case was a man of great irritability of constitution ; and it is remarkable that the greater number of his family have derangements of the bowels of one kind or other.

In the usual way I removed the protruded mucous membrane ; no hemorrhage followed. His pain during the night succeeding, and for some nights subsequent to the operation, required anodynes. Under Mr. Daniell's management (for he remained with him for several days) the bowels were kept open, and the parts were dressed so as to prevent any inconvenient contraction of the anus. At the expiration of three weeks he came to Dublin ; the parts were nearly healed, but the anus seemed to be too much straightened. Of this, as the bowels were kept loose by the sulphate of magnesia, he was not sensible, or perhaps did not wish to acknowledge he was, as he had opposed the local means which Dr. Griffith wished

to employ after Mr. Daniell returned, with a view to prevent the event which had in a slight degree always taken place. During a stay of a month in Dublin my only attention was to remove this contraction. The necessary introduction of the finger and bougie kept up a degree of inflammation and uneasiness in the anus, of which he made much complaint. At length a very superficial abscess formed at the coccygeal margin; this was freely opened. By the division the contraction was removed, and by proper precaution in the healing of the parts its return was provided against.

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At this period, March 24, 1825, Capt. —, in his own opinion, remains perfectly free from any tendency to his old complaint; nor can I discover any symptom indicative of a disposition to a recurrence of the disease

## CASE VII.

On the 1st of May, 1820, I was consulted by a lady, who had taken lodgings in Upper Do-

minick-street, for the purpose of having my advice, at the desire of some of her friends who had heard that I was the author of an essay on “divers diseases similar in their nature to her’s.” She was thirty-five years of age, of slender make, and an appearance indicating extreme delicacy of health. The history of her case she has detailed so satisfactorily in a letter I received a short time subsequent to her recovery, that I shall here confine myself merely to mentioning, that the integuments at the margin of the anus were formed into a slightly pendulous annular growth, apparently integuments alone, uninterrupted by depressions, and admitting of being coarsely handled without pain. On forcing downward the lower part of the rectum, protruded to a considerable extent, and in two points was elevated into tumors an inch and a half in length, of a pyramidal shape, with rounded bases, their thin narrow parts extending up along the lining membrane of the intestine, of which alone they appeared to be formed. While the parts were in this state she suffered an exquisite degree of pain; the protrusions were easily returned by the hand, but quickly escaped again on making any trifling exertion—

so relaxed was the anus, and so weak was the action of its sphineter. When the intestine was reduced I introduced my finger, and found the rectum healthy internally. Along its posterior surface I could readily trace by their pulsation two arteries of considerable size, which seemed to be immediately under the lining membrane; and to terminate in the tumors which have been mentioned above.

The day after this examination I removed the external annular growth of skin in the usual way, and then, after her forcing downward, the tumors being exposed, I dissected off the membrane which formed them, avoiding with every care the arterial trunks which led to them, and ultimately ramified beneath them. During the few first days opiates were administered to allay pain; the bowels, after the second day, were moved by a Sol. of Epsom Salts in the Inf. Rosar. On the third day the finger was introduced to destroy any adhesion that might be inconvenient, the parts being daily dressed with fresh warm Olive Oil. On the tenth day the parts were so far cicatrized,

and the cure was so complete that I took my leave.

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In a few days I received the following letter by Mr. Paye, Surgeon of the North Cork Militia, who attended to all the detail of the case through its progress.

“ SIR,

“ I request your acceptance of the sincere  
“ thanks of as grateful a patient as I think  
“ you have ever had. To your knowledge and  
“ practice I owe not only to have had a pain-  
“ ful disease removed, but with a dexterity that  
“ could not pass unnoticed even by ignorance  
“ in the midst of the operation, and during the  
“ progress towards cure, which at the expiration  
“ of ten days was complete. I was fully sen-  
“ sible of the benefit I derived from your un-  
“ wearied and delicate attention. Gratitude is  
“ the more deeply impressed on me by having  
“ found such a peculiar difficulty in my case,  
“ that during a long residence in Paris the  
“ first surgical advice there hesitated to per-



“ form the operation, yet declared it neces-  
“ sary. I am not sure that I ought publicly to  
“ state this fact, as I know not correctly from  
“ what cause the hesitation proceeded ; but if  
“ the private perusal of what I now address to  
“ you could induce one fellow-creature to un-  
“ dergo what has brought me ease and com-  
“ fort, in the place of almost continual suffering  
“ and wasting away, I should have the consola-  
“ tion of contributing my mite to their relief.  
“ This consideration weighs more with me than  
“ any wish to express to you what I feel ; and  
“ at all times I shall be happy to enter more  
“ particularly into all that has proceeded dur-  
“ ing this illness, should any sufferer require it.

“ I trust those imperfect expressions of what  
“ is now, and ever must be felt by me, are not  
“ offensive.

“ I remain, with the highest respect,  
“ and esteem, Sir, your’s,

“ J—— T—— .

“ *Dublin, May 18, 1820.*”

Subsequent to the above, this lady was so obliging as to transmit to me the following narrative, to which I before referred my reader, and which was drawn up to oblige me :

“ MY DEAR SIR,

“ I believe I shall not display much talent  
“ in composition while stating my case, since  
“ there seemed both to myself, and in the opi-  
“ nion of medical men, more than one illness  
“ to combat with ; but as far as I can make  
“ matter of fact intelligible, when there were  
“ innumerable and confused sensations of ill-  
“ ness, I shall endeavour to comply with your  
“ desire.

“ Several years ago I carried a heavy child  
“ of about three years old for many hours in  
“ my arms in a high fever. I walked about  
“ incessantly to endeavour to quiet her restless  
“ and violent exertions ; when I was released  
“ from her I sunk as if dead. I was oppressed  
“ with a violent perspiration, and I felt an un-  
“ usual sensation in my bowels at that period,



“ never having seen or heard of such a thing,  
“ I was greatly alarmed at an evacuation of  
“ more than a pint of blood. I then could not  
“ bring myself to mention this to a medical  
“ man. From that day I had at intervals a re-  
“ turn of the bleeding from any sudden emotion,  
“ violent heat, cold, or exertion. I found  
“ riding on horseback and bathing nearly re-  
“ cover me, till too rapid a journey to London,  
“ and late hours there, and as rapid a journey  
“ to Paris with the same routine of fatigue,  
“ brought on a greater illness than ever. For-  
“ merly I had uneasiness in my left side,  
“ which now increased to a great degree, and  
“ the tumors began to annoy me. I was then  
“ under the use of mercury for nine months :  
“ this remedy kept off the uneasiness in the  
“ side, but it rather increased the other com-  
“ plaint. At times I was in the state in which  
“ you saw me, and at one time for five days  
“ and nights without rest or intermission, until  
“ Baron Boyer was called to see me by the de-  
“ sire of Dr. L’Affan, and I was again treated  
“ for a liver complaint. None of them knew  
“ the state I was in otherways. Baron Boyer

“ desired I should not take one grain of mer-  
“ cury. While he attended, his prescriptions  
“ enabled me to take some nourishment, for I  
“ had previously lived on liquids, and my sto-  
“ mach would not retain for five minutes any  
“ solid I could be forced to swallow. I before  
“ mentioned he decided to operate, yet from  
“ what cause I could never learn, afterwards  
“ he declined it. I was continually between  
“ fever and excessive perspirations, which hot  
“ baths contributed to relieve. This is a sketch  
“ of the long and wearied suffering from which  
“ you relieved me.

“ J—— T——.”

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*June 18, 1821.*

It will be perceived, by the date of this letter, that it was written thirteen months after the operation, and when of course this female was able to form a fair opinion of the degree of benefit she had received from the operation.

### CASE VIII.

In February 1821 I was consulted by Mr. S—— of Blessington-street, who for several

years had been troubled with hemorrhoids. He was then 35 years of age, and had been long considered an extremely bilious man, subject to irregular bowels; flatulency; attacks of cholic; and in two instances he had been in imminent danger from severe abdominal inflammation. A long time he had pain in the hepatic region and corresponding shoulder, in medical opinion often requiring the use of mercury, which as constantly relieved, but never removed the symptoms originating in the organ affected. Whenever circumstances interfered with attention to his bowels, or his mind suffered an unusual anxiety, he was subject to slight attacks of jaundice. In a few hours his whole skin was coloured with a deep tinge, and he was affected with nausea and head ache. By a little calomel, Epsom salts, and low diet, these symptoms disappeared in three or four days. In the hypogastric region and bladder he sometimes experienced painful sensations; these extended to the loins and thighs, and whenever they were present the urine was full of the lateritious sediment. The profession which this gentleman pursued obliged him to travel a good

deal through the country. Besides, being an extensive agriculturist, he was consequently compelled to lead a life the very opposite to a sedentary one. Although from the first attack the piles interfered with his pursuits, he was induced to submit to occasional recurrences of severe pain, acute inflammation in the parts often confining him for weeks at a time, and to such copious discharges of blood as finally reduced his strength to a very low ebb. The anus was greatly relaxed, and the integuments around it were formed into large flaccid folds, but without any change in their natural colour. After a motion, the mucous membrane of the rectum protruded in the form of large soft distinct tumors, which were easily returned above the sphincter, but protruded again upon any slight exertion. He felt content with his disease, notwithstanding all the suffering it entailed, because he had been strongly assured by the late Dr. Harvey and the late Mr. Richards that it arrested a more formidable affection, and that it could not be removed “even was it possible to accomplish its cure, without a direct risk of his remaining health and ultimate danger of his life.” Fortunately for Mr. S—

he had occasion to consult Dr. Little of Tuam, who took a different view of the subject.—He proposed the operation of removal, and preparatory to the performance inserted an issue over the region of the liver. Some years elapsed, the issue was inserted, and was kept in a discharging condition. At length the hemorrhoidal disease gained ground, continued irritation and hemorrhagy interfered with business, and a prolapsus ani, produced by a walk of a few yards, rendered him so miserable, that he resolved to have something done decisive, for his relief. In this state of mind he consulted me. I did not hesitate to propose the only means I believed calculated to afford him any effectual relief. But as his mind still wavered between my decision and the authorities before quoted against the removal of the local disease, I requested he would avail himself of the advantage of a farther consultation. Upon this Mr. Carmichael, Dr. Green of Drogheda, and I, met. The result was, that the excision of the parts, in the way that will be afterwards explained, afforded the only fair promise of removal of his distressing and disabling degree of disease. From his former tendency to ab-



dominal inflammation, the long duration of the disease, and the caution when we act in any way in opposition to established prejudices and authorities of esteemed weight, no matter how weakly raised the opinions they express, we thought it prudent to proceed by a preparatory course of antiphlogistic remedies. During three weeks he was confined to a diet nearly vegetable ; he used no wine, and he was bled three times. At the expiration of this period, the parts being sufficiently protruded, the curved needle and ligature were passed, that the whole disease might be kept in view. Apprehensive from his liability to bowel inflammation, I determined not to remove any part of the mucous membrane lest one of his old attacks might be excited to a return. Accordingly I made my incision in the depressed line, which separates in most cases the tumors formed by the integuments belonging to the anus, from those which its lining constitutes, and turning the edge of the knife outwards, I removed, by deep incisions at their base, the several external swellings. The surface of the wound was quickly drawn within the sphincter. The quantity of blood lost was so inconsider-



able as scarcely to merit notice. There was nothing particular in the local attention required in this case. In three weeks Mr. S—— was so well as to return with comfort to his habits of activity and exertion. In a note addressed to me the day before he left town he says :—“ Believe me I shall not soon lose the  
“ recollection of your most kind unwearied at-  
“ tention since I had the good fortune to place  
“ myself under your care.

“ Allow me to subscribe myself, with every  
“ wish for your happiness, and every feeling of  
“ gratitude and regard, your very faithful  
“ friend,

“ W—— S——.”

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I have sometimes since seen this gentleman, and I have frequently heard with pleasure that he continues to enjoy all the advantages of an operation he submitted himself to with sentiments of great distrust.

CASE IX.

In the autumn of 1821 I was consulted by Lieutenant Burke, of the 44th foot, who gave me the following account of his illness—

“ I was first attacked with internal piles in
“ the year 1812, during the retreat from Bur-
“ gos, in which retreat I was. From the first
“ attack the piles were attended by copious
“ hemorrhages. During the remainder of 1812
“ the attacks returned every month, and gene-
“ rally lasted for eight days. In 1813 and 1814
“ I suffered less than in 1812, nor was the
“ hemorrhage so frequent or copious as in the
“ first attack. In 1815, while under the com-
“ mand of the Duke of Wellington in the Ne-
“ therlands and France, the disease became
“ considerably increased ; the attacks were more
“ severe, the hemorrhages more copious, and
“ my stools during these periods of sickness
“ were invariably attended with severe gripings.
“ In 1816 and 1817 the disease continued to
“ increase. Prior to the close of 1817, I had

“ the opinions of some medical men in the
“ army, but from these I received no relief. I
“ have also had the opinions of several private
“ surgeons and physicians all of whom assured
“ me I had but little chance of getting rid of the
“ complaint during my life ; at the same time
“ recommending gentle purgatives and frequent
“ fomentations, with a view to procure me
“ temporary relief. For the four succeeding
“ years my disease assumed the most alarming
“ character ; the bleeding became considerably
“ increased, so much so, that I frequently
“ passed, at a stool, over a half pint of blood.
“ The anus, during the attacks of these latter
“ years, was very much swelled at each evacua-
“ tion, and one particularly large pile de-
“ scended. In every twenty-four hours I had
“ from sixteen to twenty motions whenever I
“ suffered a periodical attack ; but in the in-
“ terval my bowels were rather regular than
“ the reverse.

“ In 1817 my constitution began to decline,
“ and continued to do so up to the present pe-
“ riod. I lost my appetite ; had no natural

“ rest, and could not lie on my left side. I was
“ also incapable of taking more than a few mi-
“ nutes exercise in the course of the day. I am
“ subject to violent headaches, frequent rav-
“ ings, and continual palpitations within the
“ last three years. Although I consulted the
“ first surgeons both in London and Paris my
“ misery experienced no alleviation ; and in
“ that period my life was ten times despaired
“ of from the severity of my sufferings. In
“ short, from being an extremely active and
“ hardy man, I am become the most wretched
“ being on earth.

“ J. BURKE.”

The subject of this case was scarcely able to crawl to my house, assisted by the arm of his brother. He was as pale as death ; and in consequence of the exertion he made to come to me was unable, though very anxious, to converse much on the subject of his visit. The integuments at the margin of the anus were of a

deep purple color, slightly elevated into tumors, and not painful. A gentle effort to strain brought into view several internal piles—large, hard, highly vascular, and extremely painful. One was particularly remarkable for size and deep lake-color; the neck lay within the rectum, beyond the height embraced by the sphincter. In every other respect the gut was healthy; nor did the internal examination produce any pain of which he complained.

Assisted by my senior pupil, Mr. John M'Creight, after two days attention to the bowels, and confinement to a couch, I removed the parts as far as he could protrude them, having disposed him leaning over a table, as if he was to undergo the operation for fistula. The operation was more tedious than usual, in consequence of his restlessness. The succeeding night the parts oozed a good deal of blood. The quantity, from its appearance, alarmed him, but ceasing spontaneously before morning, I found him perfectly tranquil. A daily dose of oil, rest, and poultice, at the close of the first week, produced such ease that he was able to

sit up ; and in a fortnight he was so much recovered as to go to the country, from whence I received the following letter :

“ *Mulcaly’s Hotel,*

“ *Rathkeale, Jan. 11, 1821.*

“ DEAR SIR,

“ I would have written to you long ere now,
“ did I not think it necessary that some weeks
“ should pass by ere I did so, in order that
“ the operation you so kindly performed on me
“ for the cure of piles may have time enough
“ for a fair trial. I can now assure you, that I
“ think I have reaped incalculable benefit, as
“ my health is much better than it has been for
“ years. I have had but one attack since my
“ return here of those periodical relapses, to
“ which I have been for years a victim, and
“ that one was comparatively slight. I occa-
“ sionally pass blood, but in very small pro-
“ portions. A few days ago (during the period
“ of hemorrhage) I passed my finger a good
“ way up the anus, and I could feel nothing
“ like a pile. I think the blood I sometimes

“ lose proceeds from what I once thought was
“ only a granulation—perhaps it is an external
“ pile. I am now as weighty as ever I was ;
“ am rather fat, and I have in my face the ap-
“ pearance of sound health. My appetite is
“ remarkably good, and I feel no inconveni-
“ ence from walking ten or twelve miles a
“ day.

“ I beg leave to assure you, my dear Sir,
“ that I am your grateful, sincere, and much
“ obliged friend,

“ J. BURKE,
“ 44TH FOOT.”

CASE X.

My friend, Dr. Desmond of Youghal, was so obliging as to send me the following communication :

“ Mary Driscoll, aged about forty, has suf-
“ fered severely from both external and internal
“ piles ; at first she enjoyed considerable inter-

“ vals of ease, and felt little inconvenience, ex-
“ cept when some of the internal piles pro-
“ truded and became inflamed ; but after the
“ lapse of some years this occurrence was so
“ frequent as to render her life miserable. As
“ the complaint increased, hemorrhage, some-
“ times profuse, frequently came on ; and when-
“ ever she went to stool a number of tumors
“ protruded, which caused great torture, and
“ were replaced with difficulty. Having ac-
“ quiesced with great cheerfulness to any mea-
“ sure likely to afford her even temporary re-
“ lief, a gentle laxative was directed ; and on
“ the ensuing day a quantity of flaccid integu-
“ ments, which surrounded the anus, and con-
“ tained several tumors of a livid color in its
“ extremity, was removed by the knife. One
“ arterial branch spouted, and there was rather
“ more bleeding than I expected, but it was
“ easily repressed by the use of a compress and
“ T bandage. The parts were kept cool by a
“ weak solution of Acetate of Lead. A laxa-
“ tive was directed every second day ; and at
“ the end of a week she was perfectly reco-
“ vered. I have not seen this woman for some
“ time, but I know that at the expiration of

“ three years after the operation she was in
“ perfect health, and remained perfectly free
“ from hemorrhoidal disease.

“ J. DESMOND.”

CASE XI.

In the beginning of the year 1821, I visited H——, Esq. Sackville-street, a man about forty, very plethoric, and of great muscular strength. For some years past he had given himself up to business, resigning a life of great activity, to which from his boyhood he had been accustomed. Soon after this change, hemorrhoids begun to make their appearance, as he supposed, from the confined state of his bowels, which constantly required to be excited by medicine. He was ever since continually annoyed by an oozing of a sanguineo-serous discharge, and he had repeated attacks of sudden and profuse bleeding, which often came on without any cause that he could assign. His habits were strictly temperate; his digestion was wrong, and he complained of listlessness, flatulence, vertigo, and strange sensations about the neck of the bladder, by which he was

obliged to make water with troublesome frequency.

The integuments of the anus were swollen, soft, livid, folded, but not pendulous. Taking an opportunity of examining the parts on his return from the closet, I found the anus everted, the integuments formed into distinct tumors, and several internal piles protruding, with an appearance of blood. I suggested the operation, to which he readily assented, being tired of the discipline, he for a long time submitted to, without effectual relief.

After a few days attention to the bowels, and one copious venesection, assisted by Mr Daniell and my pupil Mr. M'Creight, I scooped away all the diseased external integuments, which I fixed under my command, by the needle and ligature, avoiding interference with more of the mucuous membrane than lies inferior to the sphincter muscle. Subsequently for some hours, he was in great pain, but this subsided, soon after he grew naturally warm, and a hemorrhage took place from the wound. He lost a pint of blood. During the night he had

quiet sleep. In the morning he had a sudden call to the closet, accompanied by necessarily great exertion ; this disturbed the parts, and renewed his sufferings. These subsided soon after his return to bed, and were not again renewed. In three days the discharge was purulent ; in twelve it ceased altogether, and he resumed business. From the first an oiled dossil was the only dressing, and castor oil the only medicine prescribed for the bowels. An introduction of the finger was made every second day.

January 1, 1825. In this case there has not been any return of the disease, although a discharge of a few drops of blood occasionally attends an alvine evacuation.

CASE XII.

In June 1821, I received the following letter from my friend Doctor Burgess, an eminent practitioner at Clonmel—

“ MY DEAR SIR,

“ Within the last four weeks I have been con-

“ sulted by a lady of great respectability, who
“ has for four years back laboured under a dis-
“ ease which I conceive to be that so well de-
“ scribed by you under the name of hemor-
“ rhoidal excrescence. At first appearance af-
“ ter her last accouchement, it was then consi-
“ dered as an aggravated case of piles, but its
“ continuance and severity soon removed this
“ idea, and I have reason to think its exact na-
“ ture was not known. The present appearance
“ is an annular tubular protrusion from the
“ anus, an inch at least in breadth, soft, not very
“ sensible to the touch, and of the colour of an
“ inflamed pile. The anus is unusually large,
“ admitting with ease an unusually large sub-
“ stance. This is the mild stage, but on slight
“ exertion, for instance walking, it is liable to
“ aggravations of extreme pain, accompanied
“ with great prolapsus of the rectum; the same
“ consequences follow an evacuation, and are
“ frequently produced by the heat of bed. The
“ constitution has suffered considerably, but as
“ it is not irreparably impaired, I considered
“ it my duty to recommend the operation as
“ practised by you. All medical treatment
“ heretofore used has failed, and believing that

“ it will ever do so, I have not advised any
“ thing more than keeping the bowels in a mo-
“ derately loose state.

“ I am, my dear Sir,

“ Your sincere friend and pupil,

“ RICHARD BURGESS.

“ *Clonmel, June 3, 1821.*”

The result of my reply to Doctor Burgess was, that the lady set out, and making her journey in her carriage by short stages, in a few days arrived in town. I met Dr. Burgess at her house the next day in consultation, and we agreed to operate on the subsequent day. Our patient was about 50 years of age, had borne many children, and never suffered any accident incidental to parturition. She was exceedingly thin and sallow, nervous, and extremely irritable. She could not stir from the sofa without an “overcoming palpitation and a vertigo,” by which she felt quite insecure upon her feet.” She was greatly distressed by flatulency, uneasiness through the abdomen, and a constant painful and fruitless effort to go to the chair. The discharges from the bowels were scanty, slimy and bilious ; the urine load-

ed, and by morning deposited a lateritious sediment mixed with seemingly turbid mucus. Her appetite had nearly gone. Even the little disposition remaining for food she was afraid to indulge, from the abdominal uneasiness it created, and the necessity she was then under of having recourse to medicine to procure relief. For a long time she had not enjoyed a single night's sleep. Heat of bed soon gave rise to pain. During the greater part of the night she was stretched on a rug upon her chamber floor, and then lying on her belly, she found the greatest respite from her sufferings.

The annular appendage at the anus was removed without difficulty, the edge of the knife being inclined inwards during the operation, so as to scoop out, as it were, all the marginal parts of the anus, and yet not to interfere with those situated within the substance of the sphincter, and which were restored to their proper place by the introduction of the finger before the operation was commenced. For the four first days she seemed to suffer much, yet not more than she had often experienced before the operation ; the pulse, however, except

after a motion, was seldom disturbed, and then quickly resumed its natural frequency. Occasionally she complained of her back, and of a pain around the umbilicus, but this part of the abdomen exhibited no marks of inflammatory tenderness. By sulphate of magnesia and castor oil the bowels were kept free for the few next succeeding days, and by an anodyne at night such sleep was procured as, under former circumstances, and similar means, she never had experienced for a number of years. Before the expiration of the third week she felt herself sufficiently well to undertake a journey home, a distance upwards of an hundred miles.— Though I did not approve of such an effort, the parts not yet being fully healed, I was obliged to consent to her departure, having first pointed out the necessity of a daily introduction of a bougie, and advising such gentle means as were required to preserve the bowels in a loose state, with small doses of blue pill and bitter infusion. I also requested that she would for some days remain in Clonmel, under Dr. Burgess's care, from whom, on the 11th of July, I received the following communication—

“ MY DEAR SIR,

“ I would have written to you before this,
“ had I any favourable communication to make
“ of Mrs. W——’s case since she returned.
“ She has had occasional paroxysms of severe
“ pain, particularly previous to, and during an
“ evacuation ; and as no external appearance of
“ disease exists, nor can I discover any inter-
“ nally, I am quite at a loss to account for this
“ distracting symptom, unless by supposing that
“ the cicatrization of the incised parts round
“ the anus has contracted considerably the ca-
“ libre of the gut (although I have passed a
“ rectum bougie several times), and the excite-
“ ment previous to a stool gives the appearance
“ of spasm to the sphincter. Indeed I have little
“ hesitation in saying that the disease seems
“ to me to depend wholly on spasm of that
“ muscle. I have recommended the use of a
“ large bougie, being ignorant of any more ef-
“ fectual way in which she can be treated ; but
“ I have deferred its use until I have the plea-
“ sure of hearing from you. Care has been
“ taken of the bowels, and every external ap-

“pearance of disease is completely removed.

“Expecting your reply,

“I remain dear Sir,

“Your faithful friend,

“RICHARD BURGESS.”

In September Doctor Burgess writes to me—

“MY DEAR SIR,

“I would have written to you sooner had I
“heard any thing of our patient Mrs. — who
“left this on the second or third instant. She
“continues to feel pain considerably increased
“at the time of an evacuation. She describes
“the pain as if the part was tearing open, ac-
“companied with great throbbing and hard-
“ness round the anus. She now passes a
“bougie of considerable size. I still conceive
“much of her suffering to depend on spasm.
“No protrusion has ever taken place; and the
“pain is to me, in any other way, unaccount-
“able.

“Yours most truly,

“RICHARD BURGESS.

“*Clonmel—*”

As Mrs. — was now removed from Dr. Burgess's care, my solicitude about the case induced me to address a letter to my patient, containing queries, by the solution of which I expected I would satisfy myself as to her present state, and of course be able to form an opinion as to the prospects that were to be entertained of the ultimate result of the operation, in circumstances highly favourable for its performance. To my letter I received the following reply :

“ September 15, 1821.

“ DEAR SIR,

“ I have this moment received your kind letter of inquiry, and for which I feel much obliged. Now to answer your queries. First, I sleep very indifferently. Except at the natural time, I have not had the smallest tendency to bleeding ;—in general but one stool in the day, (sometimes more) and that is of a reasonable consistence, without being at all bound ; still I suffer a vast deal of pain, and a bearing down inside, the hardness still con-

“ tinuing round the passage. Twice a week I
“ use the bougie ; the pain of it is so intolerable
“ I cannot bear it longer than ten or twelve
“ minutes, during which time the perspiration
“ rolls down my face and hands ; sometimes I
“ feel a great smarting, and other times a great
“ itching inside ; I neither use ointment, stupe,
“ or any thing else to alleviate the pain. By
“ Dr. Burgess’s desire, immediately on my com-
“ ing home, I wrote you a long letter, but I find
“ it was wrong directed to 30, Aungier-street,
“ so I suppose you never got it. I beg you to
“ accept my best compliments, and to believe
“ me to remain

“ Your very much obliged,

“ W———”

I now heard nothing of my patient until July last, when Dr. Burgess having occasion to write to me, makes mention of Mrs. ——— in these terms :

“ I have heard frequently from your quon-
“ dam patient, Mrs. ———, within the last

“ five months ; she remains totally free from
“ disease, and enjoys as much comfort as she
“ ever did.

“ RICHARD BURGESS.”

CASE XIII.

March 10, 1822, I was called to visit Mrs. C——, Great Britain-street, a widow, thirty-two years of age ; she had hemorrhoids for many years, and after much suffering and repeated trials of the ordinary remedies, with the foreign aid of nostrums and specifics in vulgar use, she resolved to submit to the operation of excision, which the surgeon attending proposed and performed ; but in what manner, or to what extent, I know not, as I was not present, and I had not the advantage of meeting him after I was consulted. He, concluding he left his patient well, discontinued his attendance, which in a month afterwards devolved on me.

The anus exhibited the traces of a recent

operation in a part of its circumference. In the rest of it, the integuments were tumid, bluish in colour, flaccid and free from pain. At the chair a protrusion of the mucous membrane took place. The motion was accomplished with forcing distress, and the succeeding anguish was so great as to convulse the body. Even in bed, when nature was not engaged in any effort, she informed me these pains frequently returned with great severity; and in fits of distracting suffering she has thrown herself from her bed, and rolled about the floor, without knowing where she was, and ignorant who was present. In this state she often continued for hours, until complete exhaustion brought a respite of ease. Anodynes, anodyne injections, and suppositories were the means prescribed at my first visits, during which I had the advantage and experience of Doctor Evory, who was called into consultation. These remedies were useless—and after a trial for three days, were abandoned. I had at my next visit an opportunity more favourable than the first of repeating the local examination, as the parts were largely protruded. Hemorrhoids, previously concealed, now appeared,

and their bases extended both along the mucous membrane and to the external integuments of the anus, where I have mentioned they were tumid, and of a bluish colour. Ulcerated fissures appeared in various parts of the seat of the late operation, to which circumstance, from former experience, I was disposed to attribute a great share of the source of the prevailing irritation. Until all was healed I thought it prudent not to meddle with the hemorrhoids, which I trusted would subside, at least so far as not to be productive of inconvenience, as soon as ever the existing ulcerations cicatrized. I saw reasons to suspect that their continuance depended on a constitutional cause, and I directed my attention to the digestive system, now performing its functions with irregularity. While I administered blue pill, and preserved an easy freedom of the bowels, I daily applied to the ulcerated fissure either the *Nit. Argueti* in substance, or in strong solution. These applications at first caused considerable pain, but were easily borne after a few days, the parts assuming a disposition to heal. In proportion to their amendment, motions were accomplished with more ease, and the hemorrhoidal tu-

mours decreased in size. When the ulcers were at length healed, the functions of the bowels were discharged without pain, and now, after three weeks recumbency, she could bear the sitting posture, and in a few days was able to go abroad in a hackney carriage. The prolapsus no longer took place, and I could not discover with my finger the swellings which used to descend.—I have lately visited a member of the same family, which gave an opportunity of conversing with my patient on the subject of the old complaint; she assures me she remains perfectly well, and she appears to be in excellent health.

April 4, 1825.

CASE XIV.

April, 1822.

Mrs. —, a young married woman, applied for my advice in consequence of being afflicted with piles for five years. Before the attack of the disease for which she knew no sufficient cause, she always enjoyed uninterrupted good health, was rather corpulent, of a very florid

complexion, of a sprightly disposition, and of habits the very opposite of sedentary. Not knowing the nature of the disease, she disregarded it at first, did not consult any practitioner, and kept the matter a secret from her closest relations. At length, under silent suffering, her constitution began to give way. She could not exercise without exciting pain. The calls of nature were resisted, for obedience in that particular would have been a submission to an agony under which she has "writhed in torture that did not abate for hours." Her nights were passed in unusual restlessness, and for the greater part, of late, she was obliged to leave her bed, and sit by the fire in her arm chair. Her appetite failed, her colour deserted her, her flesh declined, and between pain and hemorrhage she was obliged to retire from society, to deny herself to her friends, and at length, emaciated, pale, and worn down by weakness, she disclosed the nature of her ailment, and consented to my being consulted.

This case was amongst the most severe I had ever seen. At every motion a large prolapsus took place, however the mucous mem-

brane appearing on these occasions, was free from hemorrhoidal tumors. The diseased parts never retired; they appeared as a large irregularly tuberculated mass, concealing the anus, within which all was healthy. The grape-like appearance never was better exhibited than in this instance. Many of the tumours were ulcerated on the surface, and exceedingly tender to the touch. A number of fici surrounded the hemorrhoidal mass. These were of the colour of the integuments, without pain, but of such a size and firmness as to form very considerable depressions in the nates at each side where they lay.

Assisted by Mr. Daniell, the diseased parts were removed in the usual way, and any portions that escaped the knife were taken by the hook and snipped away with the scissars. For two or three hours after the operation this patient seemed to experience much pain—a burning heat and spasmodic “workings” of the parts were principally complained of; but these symptoms, by the use of compresses wrung from cold water, and full doses of acetic opium, subsided before morning. The first

night was quiet, but no sleep. The next day she was perfectly easy, and could turn herself in her bed without pain. She had five grains of the Pil. Hyd. and one grain of Ex. Op. at bed time, with directions to take infusion of roses and Epsom salts in the morning. The second day the bowels were free ; no bleeding ; makes no complaint ; some hemorrhoids, which shrunk within the anus at the time of operation, appear ; these however can be easily removed in a few days, and will not retard her recovery. Fourth day—slept badly, but was free from pain ; has taken some laxative medicine this morning, which has not operated. Administered an enema, which was accomplished without much pain. The hemorrhoids mentioned to protrude are much reduced in size, and she was much better in the evening. Enema acted three times ; Pil. Hyd. h.s. Haust Anod. if necessary ; allowed some gruel ; pulse 100, but she has just got into bed.—Tongue white.

Eighth day—local appearances favourable ; bowels free ; no appetite ; much debility ;—two grs. blue pill thrice a day, with a wine glass full of bitter infusion. I conceive the

liver to be deeply engaged. Ninth day ; mixture omitted ; bowels confined ; feels much better and stronger, and experiences a return of appetite ; Castor oil prescribed. The parts look well, are reduced in size, and can bear handling without much uneasiness. I now feel hopes that the secondary operation will be unnecessary.

Seventeenth Day.—Parts nearly healed. The tumors have subsided ; one only remains. For the last three days she has gone to the drawing-room ; she experiences no uneasiness in going up or down stairs ; and at the chair she feels little distress ; general health improves slowly ; has used, for seven days, a few grains of Pil. Hyd. and Inf. Amar. ; desired to persevere in it, and to take Epsom salts when her bowels are confined, or seem to require medicine.

January 1, 1825.—I have just returned from paying a visit to the subject of this case, who continues perfectly well. She has again joined society, has recovered her flesh and bloom, and

now forgets that she had been the sufferer she was some years ago.

CASE XV.

In March 1822, I was consulted by B—— Esq. Although he was not more than thirty years of age, and of temperate habits, his appearance indicated the long existence of hepatic derangement. Any deviation from the plainest rules of regimen was sure to be followed by stomach derangement for several days; his bowels became irregular, and he felt himself “unhinged both in mind and body.” This gentleman was low in stature, full in habit, florid in complexion, rather short-necked, and subject to unpleasant sensations in his head. The integuments at the margin of the anus were preternaturally prominent and flaccid, but they were not elevated into distinct tumors. After an alvine evacuation, several internal piles of a deep mulberry colour protruded, and did not return without assistance from the hand. He once observed a discharge of blood, which annoyed him, yet relieved him of local uneasiness. Bowels disposed to costiveness.

This tendency was removed by the Pil. Rhei and Hyd. and he thought he was much better, the protrusions now returning spontaneously. In May he called to inform me that the pills lost their effect. The El. Sennæ c. Fl. Sul. and Pul. Jal. comp. was substituted. In July he again called on me, severely suffering from tense turgid piles, the attack having occurred after after some irregularity, and neglect of his bowels. I passed a hook through each pile, and removed it by a deep incision round the base. He was desired to persevere in the electuary, to apply a warm poultice to the part, and to keep quiet for a few days. This operation produced almost instant mitigation of distress. Other hemorrhoids as, they became painful and tumid in consequence of inattention to the state of the bowels, were at different times treated in the same manner. At this period Mr. B—— remains free from any tendency to a return of his complaint. March 28, 1825.

In this case the disease always appeared after a costive motion, and each tumor seemed to

depend on a rupture of a small vessel, from which as much blood was effused as formed a dark coagulum of the size of a garden pea, which was found in each pile on after examination.

CASE XVI.

In July, 1822, I was consulted by S. ———, Esq. a hale looking man, with a very florid complexion, who had been a sufferer from hemorrhoids for several years. Eleven years ago he had been under the care of Sir Everard Home, who removed by ligature an internal pile situated on the right side. Previous to this period he was troubled with hemorrhage, “which has not at any time since amounted to more than a small appearance.” His bowels are now perfectly quiet, except immediately before an evacuation, and for about half an hour afterwards. On examination of the parts subsequent to a motion, the membrane of the rectum appears protruded in oval tumors of a considerable size, of a florid colour, and minutely vascular. They

are separated from those formed of the surrounding integuments of the anus, by a deep depression similar to that which is sometimes seen in paraphimosis. These tumors quickly return when pressed on with a sponge, which he uses for the purpose of replacing them after every evacuation, and as readily reappear by stretching the anus in a lateral direction, without any effort of the patient. The anus easily allows the introduction of three fingers. In other respects the rectum is healthy, and I find no evidence of structural disease in any organ.

In this case, I was induced to try the effects of bougies, a remedy I had heard was much thought of by some practitioners. My patient, who was a sensible man, and well acquainted with every book concerning his complaint, acquiesced in my suggestion, and resolved to give a fair trial to this plan of treatment, declaring, however, his full conviction that the knife alone afforded him a fair prospect of permanent relief. He was well acquainted with the way of managing his bowels, and I had only to mention the Lenitive Electuary, with Bal. Co-

paibæ as means likely to keep them properly free, with a wash of sulphat. Zinci to allay any irritation the bougie might produce. We now parted. I heard no more of my patient until the 30th of July, 1823. He then called on me, accompanied by his friend and medical attendant, Dr. Blackwell, of Ardee. I now found the membrane of the rectum protruded to a much greater extent than formerly, and liable to descend on the least exertion.

Three fingers, disposed together in a convenient manner for introduction, are now easily passed into the anus. Since I saw him he was obliged to give up riding on horseback, the necessary separation of the thighs producing a painful prolapsus. During the last year he has steadily continued the bougie, the Electuary, with the addition of some Pulv. Jul. comp. prescribed by Dr. Blackwell, and the Zinc lotion. The disease was manifestly increased, and he demanded the operation.

The 31st—His bowels were gently opened, and he was confined to his hotel. The next

day, August 1, assisted by Dr. B. and Mr. Daniell, I introduced the needle and ligature in the usual way, (the parts being first protruded to the utmost,) and I removed the external *bourrelet*, avoiding the mucous membrane by conducting the knife through the sulcus, noticed in the commencement of the case and now more strongly marked than at the first examination. The quantity of blood lost was truly inconsiderable. Until next day there was no occurrence deserving notice.—Aug. 2d, several internal hemorrhoids protruded. They were tensely turgid, and exceedingly painful. He was restless and perspiring, yet without frequency of pulse; tongue clean. A poultice was ordered to the parts; an Ol. Ric. draught prescribed, with an opiate at night.—Aug. 3d, he was free from pain; the bowels yielded without uneasiness; he felt tranquil, and was in good spirits. Slight appearance of suppuration.—Aug. 4th, he was still quiet and free from pain; more suppuration. The tumors in some measure subsided without retiring; they were very firm, and bore harsh handling without pain. Drawing each forward with a

hook I removed them by the knife. He scarcely knew what I was about. Slight oozing followed this operation. The parts were henceforward treated as suppurating wounds; and the finger was daily introduced, that contraction might be seasonably provided against. Although the extent of the wound was much greater than is generally necessary, this gentleman was sufficiently recovered in three weeks to return home, a distance of more than forty miles, in care of his medical friend. On the 18th September he writes, that “since he left town he had two bilious attacks, and that notwithstanding these, he was able to travel thirty-eight miles in two uneasy hackney chaises.”—The 13th of Oct. he writes from Cheltenham, that “he arrived there the day before, and was much on foot, which he was well able to be.” He adds, “In short, if I am to judge, not by my sensations, but by actual facts, I cannot but be of opinion, that since I saw you, there has not been any protrusion whatever, except when, by an alvine evacuation, that part which we distinguish by the name of the pile, descends. How-

“ ever, it is at once replaced with very little
“ assistance. I do not yet perceive any de-
“ crease to have taken place in its size ; but I
“ do not find it ever passes the verge of the
“ anus, except at the time above-mentioned.
“ I think when the parts have been brought
“ into action, either by evacuations or by walk-
“ ing to any great degree, there is a fullness,
“ particularly at the left side and front. This,
“ however, is more sensation than any serious
“ inconvenience ; so that on the entire, even
“ were the advantages to be derived from the
“ operation to cease here, I must judge I have
“ already gained considerably by it.” On the
31st October he writes, “ that he has not since
“ experienced any thing of protrusion.” And
this, notwithstanding the daily use of Chelten-
ham waters, combined with much exercise in
every way.

I have frequent communications from this gentleman, and many opportunities of seeing him. The former complaints, and the examination the latter afford me, satisfy my mind

that the result of the operation has been most satisfactory.

CASE XVII.

September 27, 1822, I received the following note from Mr. M'Namara, an eminent apothecary :

“ DEAR SIR,

“ The bearer is much afflicted with piles,
“ and has suffered greatly for years. Per-
“ haps an operation on your plan would re-
“ lieve her, and if you think so she is ready to
“ submit to it.

“ I am, dear Sir,

“ Your obedient, &c.

“ AUG. M'NAMARA.

“ 12, *South Anne-street.*”

This female has had hemorrhoids for twenty-four years : she is now about forty-five, much

emaciated ; extremely sallow, and she is scarcely capable of any exertion. She is subject to faintings, giddiness, and nervous tremors, with flatulency, and want of appetite. She was first attacked during pregnancy, and she says she has become “ worse and worse” every succeeding year.

Flaccid folds hung from the margin of the anus of the natural colour of the integuments, exceeding one inch in length. Although these do not seem to have suffered a recent inflammation, and they are free from ulceration, still they are pained by handling. From their great tenderness she is so apprehensive of suffering that she dreads to leave her bed, and trembles at the natural effort to relieve the bowels. The sphincter is spasmodically contracted, with difficulty admitting the index finger. The rectum is in other respects healthy ; the usual habit of body is one of obstinate constipation. She is constantly distressed by lumbar pains, weariness, and a troublesome oppression in the hypogastrium. She used a variety of remedies. Those

alone were of any use which preserved a moderate freedom of the bowels.

A laxative draught being administered the day preceding, I removed the diseased parts on the 29th, using the needle and ligature, and cutting deep through the bases of the tumors. The wound was drawn within the rectum out of view : no hemorrhage. As she made loud complaints of pain, anodynes were frequently administered during the day, and lint soaked in tepid oil was locally applied.

She had no sleep the following night, but was easy. The succeeding morning she complained of fullness of her bowels, and at ten o'clock, A. M. this sensation grew very distressing. The abdomen was tense, tumid, and tympanitic. It was sore on the least pressure. She vomited three times. These alarming symptoms yielded to a saline cathartic mixture, and repeated terebenthine injections. In the evening she expressed herself as being much better ; she slept well the ensuing night,

and in the morning there was no more abdominal pain or tension.

October 2d—Soreness at the anus was her only cause of complaint.

October 12th—The bowels have been regularly evacuated by occasional doses of Pil. Hyd. and the Saline Aperient. I introduced my finger twice during the last four days to provide against contraction. The parts were not yet healed, and a good deal of hardness surrounded the anus. Desiring that she should occasionally have recourse to a laxative electuary, and not exert herself too much, I took my leave until the 12th of November. I then, accompanied by Mr. M'Namara, visited her. Her general appearance was much improved. She has taken the air in a carriage four or five times without experiencing any inconvenience. The bowels were quite regular, and the alvine discharges accomplished without any uneasiness.

March 1, 1825.—I have just examined Mrs.

R——, who has no reason to regret the operation she underwent.

CASE XVIII.

December 22, 1822.—Five days ago Mr. J— called on me for advice, in consequence of an inflammation near the anus. I found an abscess between the anus and coccyx, extending to the right buttock. This I opened by a free incision, desiring him to use poultices, to take some laxative medicine, and to call on me the next day, which he was unable to do, in consequence of pain and swelling, which succeeded the operation. These subsided so much by the following morning that he could bear an examination of the anus. Its marginal skin was formed into a pendulous ring, which the late inflammation thickened into a fleshy feeling substance surrounding a number of blue, turgid, and painful hemorrhoids, with which he has been troubled for several years. This inflammation has frequently confined him, and

the occasional bleeding made him very uncomfortable. Assisted by Mr. M'Creight, I used the needle and ligature, and by a deep incision through the basis of the tumors I removed them. A rigor more severe than any I ever saw after an operation immediately followed, and continued for an hour. It was almost a convulsion. The breathing became irregular, and was sometimes suspended; the pulse small, quick and hard; frequent sighing; chillness, and momentary fits of mania. This strange and alarming attack yielded to Wine, Camphor Mixture, and warmth. Mr. J—— being a person of a very full habit, and as little bleeding followed the operation, twenty-six oz. of blood were taken from his arm in the evening. Lint soaked in warm oil was applied to the parts, in which he said he felt no more than a slight soreness.

Dec. 26th.—Bowels free by means of Oil. Ric. The abscess nearly well, and the parts operated on were granulating in a favourable manner.

Dec. 27th.—He felt no pain except at the period of an evacuation. To provide against contraction I introduced my finger, and I found matters in a satisfactory state.

From this day the case was attended by Mr. M'Creight, until Mr. J—— called on me to report himself, in twelve days from the operation.

April 3d, 1825.—This gentleman continues perfectly free from any tendency to relapse.

CASE XIX.

In the summer 1822, I was consulted by Mrs. L—— of —— street, a young married woman, and mother of two children. All her family have been afflicted with some form of hemorrhoids, from which she has been a sufferer, for the last four years, to such a degree as to deprive her of the ability to take exercise. She has had repeated attacks of severe con-

tinued hemorrhage, and distressing sensations in the uterine and vesical regions. With dyspeptic symptoms, lumbar pains and vertigo, she was much emaciated, and her complexion changed to sallowness. From the right margin of the anus two unusually large piles hung pendulous; they were of indolent character. The disease was ineipient at the opposite side, as might be inferred from the fulness and livid colour of the integuments. The mucous membrane of the rectum was, as it is common to see in a state of great relaxation, protruding even on occasions of very slight exertion, and causing inexpressible uneasiness while it remained in that condition. The intestine in every other respect was in a healthy state, but the sphincter seemed to have lost its tone, and easily yielded to any distending cause.

The parts being forced down at the closet, this patient was disposed on her side in bed, with the thighs closely drawn up to the body. Assisted by Mr. Daniell, the needle and ligature were passed through the basis of the tumor on the right side, which together with a border of the protruded membrane, I removed with the

scalpel. On the left side the same operation was performed, and all the integument concerned in the incipient disease was taken away. The wounds were quickly drawn out of view by a strong retraction of the rectum. About two ounces of blood oozed from the anus, and was supplied from a small cutaneous artery. The nates were for some time kept exposed, and the parts were occasionally bathed with cold water, for the purpose of repressing a tendency to bleeding. She complained of much writhing pain, which an opiate soon allayed. In an hour oozing ceased; she felt easy, and bed-clothes were spread over her. During the remainder of the day she was free from pain. At midnight I was called on by her husband, who was in a state of great alarm, as she was bleeding, and had fainted once. She had occasion to visit the closet, by which the parts were disturbed, and the hemorrhage excited. As well as I could judge from the clothes she lost nearly a pound of blood. Every one in her chamber were trembling with apprehension, and she naturally shared in the general alarm. I passed my finger to return within the sphincter the mucous membrane

which was now protruding, and I laid on the point bleeding, a dosil of lint, wet with spirits of turpentine, and maintained in its place by compress and bandage. The hemorrhage ceased, alarm subsided, an anodyne was administered, and the night passed over in tranquil rest. There was no motion the succeeding day. It was thought prudent to do nothing to produce one until the morning following, when a little castor oil was sufficient to accomplish an easy discharge from the bowels. The third day, the finger was introduced to provide against contraction of the anus. The wound was now suppurating, and was simply dressed, poultices being laid aside. In twelve days it was favourably cicatrised, and exercise was taken in a carriage, with many fears, but without any local inconvenience. Since her recovery she has borne two children, but neither during pregnancy nor subsequent to delivery, has she experienced any tendency to her former complaint.

Any circumstance calculated to represent this operation in a true light, I presume, may be mentioned without apology, and therefore I

may take the liberty of introducing the following anecdote.—The clergyman who attended this female before the operation, and during her confinement, was a great martyr to hemorrhoids in the most severe form of the disease. Soon after her recovery he had an attack which ultimately ending in gangrene, terminated his existence. He had previously resolved, encouraged by her case, to submit to operation ; but now his resolution deserted him. Throughout his illness she frequently sent to him ; she called on him and reasoned with him, referring to the history of her own sufferings, and contrasting them with the comfortable and happy state to which her submission brought her.

CASE XX.

On the 10th of July 1822, P——, Esq. called at my house : he was frantic with suffering, and for many minutes could scarcely explain the object of his visit. At length, examining the anus, a number of piles appeared protruding, and were strangulated by the action of the sphincter. These were returned by a moderate pressure and introduction of the finger. He now

stretched himself on the sofa, rested for a few minutes, and then informed me, he had his complaint for five years, and that of late his distress is rapidly increasing. He has been obliged to give up every kind of exercise, and to confine himself to a couch for the greatest part of the day. He complains much of a discharge, which is always abundant, changing from a serous to a sanguineous character. On some occasions the anus easily yields to distension; the marginal integuments are hanging pendulous: the rectum is free from disease in other respects. This gentleman is thirty-five years of age, temperate in habit, and previously to the attack of his complaint, accustomed to lead an active country life. He is now constantly troubled with dyspeptic symptoms, the common attendants on illness such as his. He has vertigo, lumbar pain, and uneasiness at the neck of the bladder.

As all the remedies which had been tried totally failed, I did not hesitate to propose the operation, in which proposal he eagerly acquiesced.

His bowels being sufficiently lax in consequence of occasional doses of a mild electuary, I removed all the external tumors the 14th July, assisted by Messrs. Daniell and M'Creight, having first passed the needle and ligature as usual. During the night, he experienced a great deal of pain, which might be attributed to the inconsiderable loss of blood, for I had never known the operation to be followed by so little ; and I had before remarked that these persons generally suffer most, who bleed the least quantity. A full opiate procured no sleep, and scarcely any alleviation of pain. In the morning slight hemorrhage appeared, which was soon followed by sensations of relief. A large coagulum was discharged at stool, and the bleeding was allowed to continue during the day, a circumstance which created in his mind no small apprehension of danger. By a draught of castor oil, taken in the morning, his bowels were twice moved, in consequence of which several internal hemorrhoids protruded, to my surprise, for I had no idea they existed ; my first examination being, as I thought, made with every attention. This new occurrence was a source of much irritation, and retention

of urine took place. Notwithstanding venesection, baths, poultices and enemata, the catheter was necessary, and was introduced by Mr. M'Creight. On the sixteenth, I suspected that this case would probably turn out a failure, as I apprehended the obstinacy of the protrusion would interfere with that kind of cicatrization, on which the success of the operation mainly is dependant, as the parts must necessarily continue in a state of distension subversive of the proper process of healing. In this suspicion the appearances of the 19th confirmed me. Although he had intervals of ease, the catheter was still required, and the internal tumors remained without any diminution of their size. They felt very firm; they admitted handling without pain, and their surface was slightly ulcerated.—Bowels regular by medicine; the pulse betrayed no disturbance, and he did not make any complaint of abdominal distress. Any uneasiness in the seat of operation continued to be remedied by poultices, which were applied since the 16th.

On the 22d I removed the protruding tumors, using the hook and knife, the parts sur-

rounding being in a state of healthy granulation. Through this day he was in pain, which no form of opium or poultice allayed. The 23d he was easier, the laxative medicine having operated. Catheterism indispensable. The 25th it was unnecessary. The 27th he was free from pain, unless on going to the closet. This day the parts were favourable in aspect; he dressed, and lay on a sofa in the drawing room.—August 3d. With the exception of a trifling pain after a motion, he felt well, and having business to transact, he walked into town. In the evening he was languid, fatigued and chilly, accompanied with uneasiness in the bowels. He took two pills of calomel with cath. extract, and retired early to bed.

August 4th.—The night was restless. This morning he took castor oil, which acted on his bowels, bringing off a large bilious discharge. At mid day he felt “extremely cold,” but to my hand the temperature of the body was increased. Pulse 120; tongue white over its entire surface; mouth clammy; incessant thirst, with severe spasmodic pains in the abdomen, which compelled him to writhe his body

convulsively, and created a rigor which continued for an hour. Pressure over the sigmoid curve of the colon produced pain, and there was tenderness on the right side a little below the liver. He was bled to 20 ounces, and was ordered ten grains of Pil. Hyd. with two grains of opium, to be followed in a few hours by a castor oil draught. Next morning he was better. Abdominal distress subsided; bowels purging; tongue clean; no thirst; the blood drawn yesterday was free from buffy appearance. He expressed a wish for animal food, but he was not indulged. His pills were repeated each night, and his oil draught on the following morning. On the 20th he left town, and has since continued perfectly well.

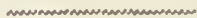
CASE XXI.

In the spring of 1823 I was consulted by Captain B——, forty years of age, and of intemperate habits. During the service of his regiment in the peninsular war he was often troubled with hemorrhoids, but never had been confined by the disease until lately. He says he had scarcely a moment's ease for the last four months, during the greater part of which time he was obliged to confine himself to the house and sofa ; pain and prolapsus of the mucous membrane attended every visit to the closet. On some occasions the loss of blood was very considerable, producing nervousness, palpitations, and distressing languor. The integuments at the verge of the anus are swelled, of a livid color, soft, and may be handled without exciting pain. The cutaneous veins are unusually large. By pulling the integuments in opposite directions, several internal hemorrhoids are brought down.

These belong to the mucous membrane which lines the sphincter, above which the rectum is free from disease. In some points there are ulcerated fissures, in others slight excoriations : from both an oozing of blood takes place, when the parts are a short time protruded.

Three days confinement to bed, with abstinence, and an occasional dose of *Ol. Ricini*, constituted the preparatory course of treatment. Assisted by Mr. Daniell and Mr. M'Creight, I passed the needle and ligature deep in the basis of the annular protrusion of the integuments, which, with the adjoining margin of the mucous membrane I removed. The operation was more tedious than common, in consequence of his exceeding unsteadiness ; little hemorrhage followed. The surface of the wound soon retired within the embrace of the sphincter. Lint dipped in warm oil was applied. During the remainder of the treatment he required nothing more than attention to his bowels, which he kept daily open by *Ol. Ric.* The finger was twice passed. On the fifth day he sat up. On the sixth, he walked

out, and on the twelfth day he returned to join his regiment.



I have lately learned that this gentleman proceeded with his corps to New South Wales ; and the last accounts reported him free from tendency to relapse.

April 5, 1825.

CASE XXII.

In September, 1823, I was consulted by Captain T——, who brought me a letter of introduction from his sister, whose case I have detailed in page 27, Case VII.

This gentleman was of middle stature, of a full habit, and forty years of age. He was in the East India Company's service for many years, and he appeared to be, in the usual phrase, an extremely bilious man. His disease was of long standing, and it resisted all that he had done for its relief under the best advice. Ligature was at length had recourse to by an eminent surgeon in London, but the pain was so severe, and the suffering so continued, that the practitioner was compelled to abandon this plan of proceeding. Soon afterwards, yielding to the desire of my former patient, he came to Dublin, and put himself under my care. The

lateral margins of the anus projected three quarters of an inch in turgid folds, and were livid from the size and number of the superficial veins. By stretching the anus laterally, the mucous membrane was pulled down into view, resembling a prolapsus, and forming into soft florid folds, which could be handled without causing any uneasiness. In other respects the rectum was free from disease. Preparatory to the operation he was confined for a few days. Abstinence was prescribed. He was largely blooded from the arm, and by blue pill, with Castor Oil, his bowels were kept in a state of easy freedom rather than purging. These precautions were thought to be necessary from the plethora and biliousness of his habit. The parts being fully protruded, and the patient on his side in bed, with the limbs drawn up, the nates conveniently disposed, and retained in that position by the assistance of Mr. Daniel and my former pupil Mr. John M'Creight, I introduced the needle and ligature in the manner described in my former Observations. By a deep incision through the cellular substance at the bases of the external tumors,

they were removed, carefully avoiding any injury of the mucous membrane, and taking the precaution of carrying the knife through the sulcus, which marks the union of the intestinal membrane with the common integuments. Retraction of the parts, as is usually the case, quickly removed the wound out of view, and the anus contracted so spasmodically as to present nearly a natural appearance. The operation was followed by more trifling discharges of blood than I have generally seen, which may be attributed to the strong compressing action of the sphincter. An oiled dossil of lint was laid on, and this was maintained by a tight compress, properly secured and moistened with cold water. The succeeding day passed over quietly. The second night was restless, but not in consequence of pain or fever. His tongue was, however, deeply furred; he felt unusual thirst; was languid and dispirited. Bowels confined. Some blue pill was prescribed to be taken at night, and a few drachms of Castor Oil, with Cinnamon Water and the Almond Confection, as a draught for the following morning. During the remainder of his confinement these remedies were repeated. His

diet was restricted to bread and tea, and his thirst allowed to be his guide in the use of the alkaline solution with lemon juice. On the third day the finger was introduced as a precaution against contraction, and a common poultice was applied to the anus. In ten days there was very little appearance of matter, and no inconvenience experienced when he visited the closet. On the eleventh day he walked out, and at the expiration of the succeeding week he returned to London to resume the duties of his profession.

CASE XXIII.

In January, 1824, Eleanor Nixon, thirty-five years of age, and unmarried, residing at the Drumcondra Retreat was admitted into the Coombe Hospital by the recommendation of Doctor Gordon Jackson, who has been so obliging as to send me the following particulars of her case—

“ This female is of the melancholic tempera-
“ ment, and has been ailing for the last seven
“ years. She states her illness to have com-
“ menced with pain of the epigastric region,
“ succeeded by pain in the Acromion Scapulæ,
“ and severe headache, principally referred to
“ the os frontis. These symptoms were re-
“ moved by the scarification of the right hy-
“ pochondrium, and by the exhibition of mer-
“ cury, pushed so far as to affect the gums

“ with slight tenderness. She has been periodically subject to a recurrence of the hepatic affection at intervals more or less distant, but this yielded to topical bleeding from the side, and the use of mercurial medicines. She was also subject to tonsillitic inflammation, under which she laboured in a severe form during September 1823. In October of same year she had a return of rather acute hepatitis, which was relieved by antiphlogistic treatment, with mercurials internally, nitro-muriatic acid bath, and friction to the epigastric region. In November, when recovered, she first mentioned the hemorrhoidal disease, which was then of four years standing. The hemorrhoids have lately increased in volume, and now completely encircle the verge of the anus. She cannot sit, and is obliged to remain constantly in bed on her left side. The pain in these tumors precludes the enjoyment of sleep, unless what can be procured by the use of strong anodynes at bed time. Bowels generally constipated, and much distress from flatulency. Tongue furred; appetite capricious.

“ cious ; and the pulse averaging from 110 to
“ 120—small, easily compressed ; catameniaë
“ regular.

“ After much persuasion she reluctantly
“ placed herself under Mr. Kirby’s care in the
“ Coombe Hospital, and submitted to the ex-
“ tirpation of the excrescence from the mar-
“ gin of the anus. At the present date, Jan. 4,
“ 1825, there was no vestige of disease about
“ the anus. The bowels are soluble, her appetite
“ good ; she rests well at night, and the func-
“ tions are quite restored.”

~~~~~

I have seldom seen any person suffer less,  
or recover more rapidly than the subject of this  
case. She required but one anodyne, and no  
more than common attention to her bowels.  
The parts healed favourably, which is the more  
surprising, as she never would consent to their  
being examined or dressed as I had directed.  
The poor woman was quite blind, and she al-

ways dreaded that something more was about to be done in the way of operation. In this case, the parts were fixed by the ligature, and removed to such a depth that the anus seemed to have been, as it were, scooped away.

## CASE XXIV.

*April 5, 1824.*

I was consulted by Mr. T——, a stout bilious looking man, about 35 years, subject to hemorrhoids for many years, with occasional discharges of blood, headache, flatulency, irregularity of bowels, and of active temperate habits.

The integuments of the anus were a little fuller than natural, but neither raised into a “Bourrelet,” nor exhibiting hemorrhoidal irregularity. At stool several internal hemorrhoids descended, which did not return without pressure, applied either by the hand or by forcibly squeezing the thighs together in the across position. These tumors were soft, elastic, very vascular, and of a brownish red colour. A mild purge, given the day before, brought them fully into view. In this case I did not pass the ligature in the manner I hitherto have adopted, but while the parts were strongly protruded, I made an incision in the depressed

line which marks the union between the mucous membrane and the skin, through the entire circle, pressing aside the ridge formed by the integuments so as to make me sure of avoiding the mucous membrane. I then removed the integuments of the anus as far externally, as the circle in which the natural rugæ vanish in the adjoining buttock. I have seen but one person suffer as much pain as this gentleman, for some time after the operation. Indeed, from his bilious appearance, I had calculated that his sufferings would be rather more acute. However, in a few hours they subsided on administration of an opiate. In this case, there was less bleeding than in any former instance, and I found it impossible to encourage, it even to that degree which I conceive to be desirable after every such operation. The succeeding night was passed without sleep, yet he was free from pain, and he complained only of languor. Poultices were applied, and a laxative prescribed for morning use. When the medicine operated, his sufferings again returned; he complained loudly, demanded a repetition of the anodyne, regretted in bitter terms that he ever submitted to the operation, and would not now

“for thousands yield himself to the knife again.” He was indulged with the opiate, and the poultices were continued. Subsequent to this period, his spirits daily returned, and he was more satisfied with his condition.

On the third day an internal hemorrhoid protruded, turgid and sloughy in appearance. This tumor gradually subsided, and retired every day, as such tumors always do,\* wasting, becoming hard, and incapable of future distension.

Subsequent to this period he experienced but little uneasiness. His bowels were daily attended to; he observed an antiphlogistic regimen, bathed the parts frequently, and dressed them simply. On the 9th day he sat up for the first time, and did not complain of any inconvenience.

*April 24.*—Twentieth day from the operation. Has been in the country four days, and has returned for inspection. Cicatrization near-

\* See explanation of this circumstance in the annexed Observations.

ly complete; no trace of hemorrhoidal tumor. The anus is rather more contracted than I would desire it to be. He says, however, that he has no reason to complain of any restraint.

*March 24, 1825.*—Mr. T—— has lately called on me to report himself. I have the satisfaction to say, his general health is perfectly good; no tendency to a return of his disease, and the anus is of natural diameter.

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As Mr. Daniell had performed the operation in some cases, I requested he would oblige me with any particulars of them. This request was answered by the following communication:—

*April 5th, 1825.*

“ MY DEAR SIR,

“ In reply to your request, I have to express  
“ considerable regret that I did not keep me-  
“ moranda of the several cases of hemorrhoidal  
“ disease which have been under my care, and



“ upon which I have operated according to the  
“ plan you have proposed, and so very success-  
“ fully adopted. There are a few cases, how-  
“ however, the particulars of which I can fur-  
“ nish you with.

“ I was applied to a few years ago by John  
“ O’Neil, a ribbon weaver in the Liberty, who  
“ had suffered from the severe form of he-  
“ morrhoidal disease for upwards of twelve  
“ years. On examination I found a complete  
“ relaxation of the border of the anus, the la-  
“ teral portions particularly elongated, the  
“ skin having a pendulous appearance all  
“ round, and within which several large inter-  
“ nal piles of a dark bluish colour presented  
“ themselves, attended with prolapsus ani.  
“ The repeated hemorrhage and severe pain  
“ which he constantly suffered had reduced  
“ him considerably, and had altogether inca-  
“ pacitated him from earning his bread. Im-  
“ paired appetite, constipation, flatulence and  
“ irritable bladder, were his constant compa-  
“ nions ; in short, his life was rendered one of  
“ the utmost misery by the severe disease with  
“ which he was affected. I proposed to him

“ the operation as the only remedy for his com-  
“ plaint, and without the least hesitation he  
“ assented. I removed the entire border of  
“ the anus in the usual way, removing at the  
“ same time as many of the internal piles  
“ as had protruded, with a portion of the mu-  
“ cous membrane. Immediately after the re-  
“ moval of the parts, the anus contracted so  
“ completely as to conceal all trace of the in-  
“ cision. I applied a fold of linen soaked in  
“ cold water, and gave directions to have cold  
“ water repeatedly applied, and that my pa-  
“ tient should be kept at rest. I saw him in  
“ the evening ; he then suffered from retention  
“ of urine, but as it appeared that the uneasi-  
“ ness was more dependant upon irritation  
“ than actual accumulation in the bladder,  
“ which was scarcely to be felt above the pubis,  
“ I merely directed an opiate, and warm stupes  
“ to the region of the pubis, which in a little  
“ time relieved him, and brought about an eva-  
“ cuation from his bladder. The next day, on  
“ going to stool, he passed a little coagulated  
“ blood ; and in each stool, for the two subse-  
“ quent days, coagulated blood was observed,  
“ not however in such quantity as to create

“ alarm, or to require any means to repress it.  
“ From this period he went on well; the  
“ wound healed favorably, however, with a  
“ slight tendency to contraction, which was re-  
“ lieved and prevented from increasing by the  
“ introduction of the bougie. He was relieved  
“ altogether from the flatulence; his bowels  
“ began to act regularly, and the irritability of  
“ his bladder subsided. He was able to re-  
“ sume his employment, and he declared he  
“ enjoyed a state of health he had not known  
“ for years. He called on me four months  
“ after the operation. There was not any dis-  
“ position in the disease to return. The anus  
“ was slightly contracted; his bowels were free  
“ without the use of medicine, in short, he  
“ was in an extremely good state of health,  
“ and fully able to work at his trade.

“ I have several times since seen him, and  
“ he always expresses gratitude for the relief  
“ the operation afforded him.

“ I operated upon William Monaghan in  
“ Peter-street hospital, for the severe form of  
“ piles under which he had laboured for seve-

“ ral years. He was upwards of seventy years  
“ of age, a gardener by trade, and an habitual  
“ drunkard. His complaint had been distress-  
“ sing for some time before he underwent the  
“ operation. Bowels generally constipated.

“ I removed the entire border of the anus ;  
“ the parts immediately contracted, so as to ob-  
“ literate the line of incision ; the subsequent  
“ treatment was simple, and in a short time  
“ he was perfectly cured. I have repeatedly  
“ examined him since the operation. There is  
“ not any appearance of the disease returning.  
“ His health is good, although he continues  
“ his habits of drunkenness.

“ Subsequent to the foregoing case, I ope-  
“ rated on another man in Peter-street hospi-  
“ tal, who also laboured under severe form of  
“ hemorrhoidal exerescence, with equal success,  
“ except that for some time subsequent to the  
“ cure he experienced rather a troublesome  
“ contraction of the anus ; however, by the use  
“ the bougie, and the employment of laxative  
“ medicines, he got completely rid of this  
“ symptom.

“ During the autumn of last year, while  
“ you were in London, I was requested, as  
“ you were absent, to operate on Mr. V——  
“ of Beresford-street, for the severe form  
“ of piles. On examination I found the in-  
“ teguments around the anus greatly relax-  
“ ed ; several internal piles protruded, with  
“ a slight prolapsus ani. The disease had been  
“ of several years duration, producing a good  
“ deal of inconvenience from the active habits  
“ of life in which Mr. V—— was engaged.  
“ His bowels were usually constipated, requir-  
“ the almost constant use of purgatives. He  
“ sometimes suffered pain, and had occasion-  
“ ally a discharge of blood when the internal  
“ piles were down.

“ Assisted by Dr. Brereton (his medical  
“ friend) and your pupil, Mr. Lucas, I removed  
“ the border of the anus. The wound im-  
“ mediately afterwards presented the usual ap-  
“ pearance ; he was treated in the ordinary  
“ way, and in a few days was well.

“ I have met him several times of late ; he  
“ expresses the utmost satisfaction at the re-  
“ sult of the operation, and has not experienced

“ the least tendency to a return of the prolapsus ani, or the re-appearance of the piles.—  
“ His bowels now act regularly without the  
“ use of medicine.

“ Your’s, &c.

“ M. DANIELL.”



## OBSERVATIONS.

Cases must occur to every medical man in which he has to regret the insufficiency of the ordinary plan of treatment, either to accomplish a cure, or even to alleviate the distressing symptoms of certain forms of hemorrhoidal disease. Their incurableness by general remedies, or by topical applications, was known at a very early period: but fears growing out of erroneous notions of the structure of the parts, and a generally prevailing idea of the sanative power of the disease in constitutional and visceral disorders, opposed their removal by operation. Of late years, the hand of surgery, instructed by pathology, and guided by discrimination, has boldly interfered, and has rescued from hopeless suffering many most unhappy individuals. However, old apprehensions

still are entertained by several excellent practitioners ; nor can it be hoped that these will be cleared away, until facts are accumulated in considerable number, and experience exercises its irresistible power.

While some doubt the propriety of performing any operation with a curative intention, those who sanction the extirpation of the diseased parts are divided as to the manner in which that extirpation should be accomplished. How far the cases I have detailed are calculated to bespeak a preference for the knife, the reader will not find it a difficult matter to determine, when he reflects on the histories of those cases in which other means have been employed, but more especially the ligature, of late much recommended by some surgical authors. The dread of hemorrhage seems to be the principal source of opposition to a more general introduction of the knife. But this fear is neither warranted by any thing I find written on the subject, or by any occurrences which have taken place either in my own practice, or in the practice of others. In only one instance, have I seen such a hemorrhage,

as a surgeon would look upon as serious, and in that case, the bleeding was quickly checked as soon as I reached the patient.\* In the greater number there was rather less loss in this particular, than was necessary to prevent spasm of the parts, and the painful “twitches and workings,” which not uncommonly take place, after the operation.

In my former observations, I endeavoured to show, that in the structure of those parts with which it is the design of the operation immediately to meddle, there are no vessels of any important magnitude. I then believed, what repeated examination has since confirmed, and I am now fully positive, no direct or large communication exists between the veins connected in the operation and the tributary trunks of the Vena Portarum.

I have before me, while I write, an hemorrhoidal mass removed two days ago from a man in the Coombe hospital, strikingly corroborative

## I

\* See case II. on my former Observations on Hemorrhoidal Excrecence.

of the opinion I advance. The tumor occupied the entire left margin of the anus. It was the seat of sudden, painful inflammation. It was tense, yet compressible. On the surface next the anus there are four black spots, which are distinct coagula, over which the cuticle has given way. They are as large as garden peas, and each occupies a distinct cell or cyst of a circular form. These cysts appear to be composed of a dense structure, which, without much difficulty, I can separate into three luminæ. Of these, the internal layer is thin, filmy, and with a little care can be turned out with its contained coagulum. At the point deepest in the substance of the mass, an adhesion exists to the surrounding cyst, where the union is more firm. Here some fibres appear, which conjecture suggests to be minute vessels. The next tunic is much denser, and is certainly not unlike the appearance of a venous trunk. The external layer seems a cellular substance, with fibres ramifying through it. It is easily raised in a forceps, and may be readily detached from both the middle tunic and the structure surrounding, to which it bears no resemblance. Numerous coagula oc-

cupy the substance of the hemorrhoidal mass. In every respect they are similar to the former, except that their cysts are quite perfect, no part having given way.\* The intervening tissue is spongy and fibrous, and reminds me of the appearance of the Corpus Cavernosum Penis. The parts rubbed between the fingers glide upon each other, and by this motion a serous fluid is expressed, which may be gathered on the knife. By a magnifying glass I can discern the orifices of a great number of minute vessels, which were divided by the operation, and continue to preserve a circular orifice. Several cysts were divided by the removal of the tumor, and remained exposed to examination. Their coagula being disengaged by one of the pupils, I examined their cavities, which were internally smooth and shining, and of a bluish colour. They were not disposed to contract, and yet no blood issued from them, while it oozed from the rest of the surface in a quan-

I 2

\* Small septa, formed by the internal tunic, project a little way into some of the cells, and by their slanting situation one would conclude a large vessel to open at their opposite side, but the depression is a mere cul de sac.

tity sufficient to form a dropping stream. The coagula are more dense externally than in their centers, and seem as if they were coated over with a layer of coagulable lymph.

It is not my desire to be understood to say, that every hemorrhoidal tumour will exhibit appearances similar to these ; but of this I am sure, from repeated observation, that in every severe case of external disease, matters will be found to correspond much with the description I have given of the specimen before me. Every thing, therefore, contributes to show the groundlessness of the fears entertained about hemorrhage, if we are careful to avoid interference with other parts than those which are properly the subject of the operation, it is the design of those pages, to recommend.

On reference to the preceding cases it will be perceived, I confine the operation at first to such parts as are situated below the sphincter muscle. These I freely remove by a scooping motion of the knife, on the one side carried through the integuments at the base of the hemorrhoidal mass, and at the other, through



or a little above the sulcus, which marks the union of the mucous membrane and of the integuments. This depression lies within the confines of the anus, and requires the patient to force down, that it may be brought freely into view; and after the operation it retires within the membrane of the sphincter, nearly the entire wound disappearing. By the spasmodic contraction which takes place, the surfaces of the wound are forced into close opposition, and by the pressure of the muscle all chance of more than oozing hemorrhage is prevented.—Should a surgeon divide the mucous membrane at an unnecessary distance from the sulcus, the retraction will be apt to carry away a part of the wound above the embrace of the sphincter. Then, certainly, hemorrhage may be more likely to occur without the knowledge of either the patient or the attendant. But this accident will not happen in the hands of any person who understands the principle of the operation, and the object it is designed to accomplish.

The operation in Hayden's case\* embraced a greater extent of parts than subsequent experience has shown to be requisite to remove. A wound including less of the protrusion, heals into a cicatrix of sufficient unyieldingness, to give a permanent support to the rectum, and to prevent any future over distension of the anus. I have before remarked, that the surface of the wound quickly retires within the sphincter. The same action on which this circumstance depends, withdraws within the gut the remainder of the hemorrhoidal tumors. In many instances they never appear again at any future period. In some, however, they descend within the first few days, and for a short time considerably aggravate the sufferings of the patient. Under these circumstances they cannot be replaced; every attempt at replacement is fruitless and agonising, and therefore should not be made. In such cases the protrusion inflames, and the tumors which compose it become extremely tense, and exquisitely tender. In a short time they lose their sensibility, and

\* See case II. in my former "Observations on Hemorrhoidal Excrescence."

may be handled without pain. The tension changes to a fleshy hardness ; the mucous covering grows first dark, and soon discharges matter after the surface throws off this seeming thin slough. When this change has taken place, the tumors may with safety be removed. This additional operation produces so little pain, that it is often concluded without the knowledge of the patient. So far from considering this consequence of the operation as an unfavourable occurrence, I look upon it as one highly desirable in severe forms of disease. I have no hesitation in saying it gives rapidity to the cure, and a certain security against the liability to a recurrence of the malady.

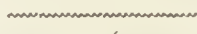
The inconvenient contraction of the anus, noticed in some of the cases, may be objected to the operation ; but the careful reader will observe, that this unpleasant consequence always originated in either the obstinacy or inattention of the patient ; that it yielded to the use of the bougie, and that it never has been of more than temporary duration.

That hemorrhoids, in their greatest simplicity of form, constitute a disease, I imagine no one will deny. That in particular constitutions they exert a salutary influence, is an opinion against the validity of which few will be so rash as to contend. But who that listens to the lessons of experience, or that gives due consideration to the facts which come under his own observation, can subscribe to the position that they are always dependant on constitutional derangement. In many cases they are unquestionably a local disease ; in many others, although they exist with disorder of the constitution, and perhaps with organic changes amongst the viscera, still they are oftentimes neither direct causes nor effects, notwithstanding the manner in which they appear to influence the prevailing symptoms of disease. In a business which is so plain to experienced Practitioners, these observations may be deemed unnecessary. But let it be remembered, I contend against a common prejudice, to which many medical persons add the sanction of their opinion, and consequently against one, to which the junior part of our profession may feel reluctant

to oppose themselves—while the unhappy sufferers from hemorrhoidal disease are willing to lay hold of any promised means of relief, and medical men have given their ineffectual aid both in a general and topical remedial way; surely it is neither good sense nor good practice to decry the only method, which offers a certain remedy for the most aggravated form of a malady, curable by no other means within the reach of our art, with either equal security or certainty.

So far it has been my object to show the value of extirpation with the knife in local hemorrhoidal complaints. Obeying the dictate of experience and reflection, I cannot refuse to go even further, as to the applicability of the operation to cases in which hemorrhoids seem to exercise a sanative power. Even to these, by adhering to the principles of the operation, we can extend a degree of relief, that other means are not capable of affording. With these impressions on my mind, the reader who troubles himself with a perusal of the preceding cases will observe, I have not hesitated

to use the knife, in cases in which the discharge of hemorrhoidal blood, from its long continuance, might be supposed to constitute almost a function belonging to the system. In these, we can with impunity remove much of the disease of the parts. With their extirpation a great deal of local irritation will cease to exist; while in those parts which judgment directs the surgeon to leave behind, a provision is made for a loss to which the constitution has been accustomed.



Thus I have presented to the reader, from amongst the numerous cases of hemorrhoidal disease, which have come under my treatment since my “Former Observations,” those only, in which a sufficient period has elapsed to enable him to form a judgment of the operation they illustrate.—They are a faithful transcript from my notes, and are given without any after colouring. I might impart to them a more graceful form, but I might also expose myself to the suspicion of being more anxious to en-



gage than to instruct whoever may think these pages worth their perusal. Misrepresentation is ever a culpable fault; but in a surgical writer it is more than a criminal one; yet a charge of guiltiness on this side is not uncommonly whispered abroad by individuals, who, professing a lively interest in the advancement of surgical science, feel one much livelier in the promotion of their personal advantages, and who cannot therefore endure any suggested improvement which may come from another hand. Against the imputation of misrepresentation or false statement, I am most anxious to guard myself. This solicitude has perhaps carried me too great a length. I may be accused of professional impropriety by the introduction of letters from some of my patients; and it may be urged that from this circumstance the whole production savours much of a quackish compound. Should such sentiments be found in any, I cannot help it, nor shall I make any effort to remove them. Truth, it has been somewhere remarked, is the most reasonable pursuit of human life; I hope the ends of humanity are the most desirable aim

of the surgical profession. To establish the truth we pursue, there are no means which it is not allowable to call to our assistance. To obtain the end and aim of the art we cultivate and practise, are there any we ought to discard?—

In my “Former Observations,” I did not advance any claim to originality.—I then stated that I received the hint from the surgical writings of the late Mr. Hey. How far I have extended the applicability of his operation, or improved his suggestion, it is now in the power of the reader to form a judgment. Mr. Hey’s character as a surgeon, is too well known to require the extolling aid of my feeble praise. He was above every thing bordering on trick or professional cunning, and I conceive it stamps no little value on the present publication, to insert his letter on the subject of the former, which was dedicated to that excellent man.

*Leeds, Dec. 13, 1818.*

“ DEAR SIR,

“ Yesterday I received the favour of your letter  
“ dated Jan. 1st, 1818, accompanied with a  
“ copy of your valuable “ Observations on the  
“ Treatment of certain severe forms of Hemor-  
“ rhoidal Excrecence.”—I think myself much  
“ honoured by the token of respect conveyed  
“ in the dedication, as well as in the body of the  
“ work ; and I doubt not your success and au-  
“ thority will be the means of relieving many  
“ of our distressed fellow creatures, by remov-  
“ ing the doubts which a timid or cautious  
“ operator might feel with respect to the safety  
“ of the practice.

“ My son, who has been above twenty years  
“ my coadjutor, and on whom I devolve the  
“ operative part of our profession, continues  
“ the practice described in *my* “ Practical  
“ Observations,” with success.

“ Apprehending that a second edition of your  
“ work will be called for at no distant period,  
“ it is proper to inform you I resigned my  
“ office of surgeon, &c. &c. &c.

“ I remain, dear Sir,

“ With much respect,

“ Your obliged humble servant,

“ WILLIAM HEY.”

END.







## HISTORY OF A CASE OF REMOVAL OF THE

## PAROTID GLAND.

BEING called in September, 1822, to Mount-rath, to visit Mr. Smith of New Park, at whose house I met in consultation Mr. Boxwell, surgeon to the Abbeleix Dispensary, and operative surgery being the subject of our evening conversation, I observed to him I had lately removed so much of the parotid gland without experiencing any of the alarming occurrences attached to the operation in the minds of many ; that I would feel no hesitation either to recommend or undertake the removal of tumours supposed to engage that organ, and too frequently, through mistaken apprehension, abandoned to their certain progress and inevitably fatal issue. He informed me, a poor woman had been for some time under his care, who had been a great sufferer from parotidean disease, which had lately so much increased in magnitude and painfulness, as to incapacitate her from discharging the humble duties of her cottage.

Dr. Boxwell was so obliging as to say he would have her sent to Dublin as soon as possible, and recommended the poor creature to my care. Shortly after my return to town, she was provided with means of travelling, by the bounty of Lady De Vesci, and was admitted into St. Peter's and St. Bridget's Hospital.

—— ——— was forty years of age, slender made, and had the appearance of one on whose constitution both poverty and suffering had made a considerable inroad. The tumor was situated at the left side, extending from above the zygoma downwards on the neck, two inches below the angle of the jaw-bone, stretching as far forward on the face as the anterior margin of the masseter muscle, forcing the ear backwards at the same time, and raising it outwards from its natural position. Its size above the surface was equal to a small goose-egg. It was immoveably fixed ; and generally painful when handled. Its surface was irregular, and the integuments were of a deep livid hue over the largest prominences. One point was obscurely elastic, and conveyed an idea as if

a fluid was situated at a considerable distance from the finger. In every other part it was exceedingly firm. She described her pains to be of lancinating kind, extending over the face, head and neck; producing sickness, and constantly disturbing her repose at night,

Placing her conveniently on a chair, and assisted by Messrs M. Daniell and Rumley, I proceeded by a simple incision, commencing at some distance above the zygoma, and terminating somewhat below the lower border of the tumour at the middle of the neck. The integuments were next raised, and being held aside with flat hooks, the fascia of the gland, thickened and expanded, was exposed to view.

To avoid the division of the facial branches of the Portio Dura, I began to raise the tumor at the masseter muscle. However, from the manner they were incorporated with its substance, and the extent to which their thickened tunics seemed engaged in the disease, I had early evidence, the attempt to save them would be impracticable, and if

practicable, was not to be pursued, as likely to risk the recurrence of the disease, by leaving behind some scions for future growth. The effort to insulate the nerves, exposed the structure of the tumor, and displayed enough of natural organic appearance, to prove that the disease consisted in a disorganization of the greater part of the parotid gland. Having divided Steno's Duct with many firm bands extending from the tumor, and mingling with the muscles, &c. of the face ; partly with the knife, and partly with my finger, I disengaged it from the masseter muscle, and raised it as far back as the posterior margin of the jaw-bone. In the next place, I separated with the knife the connexion it maintained by an expansion of its fascia with the auditory tube, and the sterno-mastoid muscle. This adhesion destroyed, the tumor was easily separated to a considerable depth from the rest of its attachments in that direction, the cellular substance giving way before the finger and handle of the scalpel, even in those sinuosities into which the irregular productions of such enlargements are known to extend themselves.

My next effort was to disengage the mass from the parts with which it was united at its inferior margin. In this situation it was held by a broad and firm expansion, which seemed to be a part of the general cervical fascia and platysma muscle thickened by inflammation. A director being passed beneath it, this was securely divided, and the inferior part of the circumference of the tumor was easily insulated. The finger, endeavouring to pass behind the tumor, was opposed by the septum of fascia, which grows to the styloid process, and seems to afford a support to the inferior part of the parotid gland. Assuming the styloid process as a guide, this septum was divided, and then the tumor was found *moveable in some degree*. It felt now more plainly elastic, and at its posterior part was perceptible a cyst as large as a pullet's egg, corresponding with that part of the surface beneath which an encysted fluid was thought to be situated. While I forcibly raised the tumor from its deep bed with the one hand, I gently destroyed the surrounding connexions with the fingers of the other. In my effort to thrust from between the pterygoid muscles the part of the gland

which naturally occupies that situation, by the disease now rendered very large, hard and adherent, the cyst, just noticed, gave way, and the tumor, by laceration of the vessels which enter it inferiorly, was so far disengaged as readily to admit of being turned up towards the zygoma. A considerable hemorrhage instantly followed, the blood issuing from the bottom of the wound near its inferior angle. It was readily restrained by Mr. Rumley's fingers, when pressed steadily back toward the cervical vertebræ. This gave me an opportunity of completing the extirpation of the tumor, without any embarrassment from bleeding.

The last part of the tumor removed was at its connexion with the zygomatic arch, at which point its fascia was intimately united to the bone, and appeared to be incorporated with the aponeurosis of the temporal muscle. The temporal artery, divided in this stage of the operation, did not bleed but for a moment, when it was covered by the finger. A temporary pressure on the vessels being thus maintained, I carefully examined the wound, and



ascertained to my own conviction that I had not left any perceptible part of the diseased mass behind me ; my assistants also satisfied themselves on this point. After this examination a doubt did not exist of my having removed the parotid gland. The space between the pterigoid muscles was void ; the auditory tube was fully exposed ; the articular capsule of the jaw was brought into view, the finger could trace the length of the styloid process, and on sponging the wound of its blood, it could be seen by those who surrounded the chair. Nearly with as much plainness as in the dead subject, we saw the origin of the muscles attached to this part of the temporal bone, and on giving the patient a drink we could distinguish them in action.—To provide against any inconvenience that might arise from hemorrhage at the superior part of the incision, while necessary operations might be performed on the vessels at the inferior part, I first sought for the temporal artery. Removing the pressure it gave no blood, nor could it be exposed by any of the means used in wounds for the purpose of pointing out those blood vessels which from their size are thought to require a ligature. When the fin-

gers were raised from the bottom of the wound corresponding with the inferior angle, a situation into which the vessels finally retired, hemorrhage was renewed, and was again easily repressed. For a moment I intended to endeavour to apply a ligature, but this idea I abandoned from the time the effort would require, obscured as the wound was by blood, which rapidly filled it, and because I saw it so practicable to make every thing secure by compression. Accordingly I introduced into the inferior part the sponge compress, and bringing the superior end of the wound in contact, all was secured by pads of lint laid as compresses, and by a double headed roller.

The poor woman, much exhausted by a tedious operation, had a cordial draught administered to her, was put to bed, and given into the care of one of the pupils, who was desired to maintain a moderate pressure with his hand for a few hours.

The first night she slept tolerably well ; complained only of thirst and inability to swallow,

in consequence of the tightness of the bandages.—No fever.

The second day, the left side of the face was slightly red and tumid ; she had greater difficulty in swallowing, and a slight fever. She could not articulate in consequence of the bandages, which, owing to the tumefaction, were now felt more inconvenient. She still slept naturally ; she made signs that she was very thirsty, but could not drink in consequence of the increasing constriction of the parts about the throat. Mr. Daniell, who visited her late in the evening, thought it necessary to divide some folds of the bandage, which were particularly tight. She now could drink more easily, and she contrived to swallow a laxative draught, to which, aided by an enema, her bowels yielded twice before my morning visit.

On the third day, the bandages were all wet with a serous discharge, and were loose. The tumidity of the face had increased so much as to give an appearance of extreme distortion to the countenance. The inflammation was diffused over the neck, and was obviously

erisipelatous.—Pulse rather small and frequent, but the feverish disturbance of the system was not as great as might be expected from the local appearances. She exhibited no evidence of suffering, and she seemed so much oppressed by lethargy as not to notice any circumstances which were passing in the ward. The external dressings were changed, and the bandage loosely cast round the head for the purpose of retaining them. An enema was ordered for the morning.

The fourth day matters were much in the same state—the discharge was fetid, and exhibited appearances of approaching suppuration.

The fifth day, the tumefaction of the face and neck had subsided ; the external dressings were soaked in pus ;—less fever. She could drink with more ease, but did not experience the same degree of thirst. She has not made any complaint of head ache, nor signified that she felt any particular distress in the wound.—Injier. enema.

Sixth day.—The inflammatory symptoms

considerably abated ; discharge more copious, and of a less offensive odour : she was still drowsy ; she could now take an ounce of fluid at a time, and expressed her wants by speech.

Seventh day.—The sponges soaked in pus protruded much above the margins of the wound ; they were still fast, granulations round them ; zygomatic angle of the incision completely healed. She expressed a wish for some food, and as she did not labour under any contraindicating symptom, it was thought proper to indulge her with chicken broth, gruel, and bread soaked in tea.

The two superior pieces of sponge were easily removed in a few days more. The pieces at the inferior angle of the incision were quite firm in their situation, and remained so until the hollow occupied by the others had nearly so filled with granulations as almost to conceal them. As they lay at a great depth, and the lips of the wound had contracted, a considerable difficulty was opposed to their extraction, even after they lost all their connexions to the adjoining parts ; however, they were finally brought away by keeping a steady pull

on them by means of the strong ligature which was fixed to them at the time\* of their introduction into the wound. The parts now rapidly closed, assisted by the application of adhesive straps, and all irritation, supported by the sponge, subsided. A narrow ridge of exuberant granulations required the caustic for several days, and resisted healing with an obstinacy, sufficient to alarm me with the apprehension of a threatening fungus of a malignant nature. These fears induced me to send her to the country, where the parts soon healed under the care of her former attendant, Dr. Boxwell. After her return, as I am informed, an abscess took place in the submaxillary gland, and was accompanied with considerable pain, but after a few days common treatment it got well.

Dr. Boxwell promised to acquaint me if the disease returned, or should it make its appearance in any of the neighbouring glands. As I have not heard from him since the sixth of

\* Had this plan failed, I perceived I might have passed a curved director behind them, on which I might have divided them, and thus extracted them in piece-meal.



January 1823, I am disposed to conclude that a relapse has not occurred.

The tumefaction which succeeded the operation concealed the palsy of that side of the face, which was daily more perceptible as the inflammatory swelling declined. This consequence of the unavoidable division of the portio dura was but of temporary duration. The muscles gradually recovered their tone, so that very little of the paralytic affection remained on the day of her discharge from hospital.



## OBSERVATIONS.

I have not a doubt in my own mind, nor is there a doubt in the minds of those gentlemen, to whose steady and encouraging assistance I was so much indebted in this critical case and tedious operation, but that the parotid gland was removed. I am disposed to feel that any person will be equally decided upon the point, who will consider the parts which were brought into view by the operation, and those which the

fingers explored and recognized to be the natural depressions occupied by the healthy gland.

The practicability of accomplishing the removal of the parotid gland has been long denied. The attempt has been esteemed so hazardous, and so likely to be followed by failure, that those who were subjects for the operation have been advised to endure their pitiable disease, rather than to submit to the awful risks which are supposed to attend on the use of the knife. That such opinions should be entertained at periods when anatomy afforded little assistance to operative surgery, is not surprising. But that at the present day, in which our knives, guided by anatomical science, successfully explore disease, and oppose its growth in almost every region of the human body, it is strange the same apprehensions should still continue, and that those should be the most easily deterred, who, from their familiarity with dissections, possess the best opportunity of exposing the groundlessness of fears to which they yield themselves. A surgeon who would speak of extirpating the parotid gland some years ago, would have ex-

posed himself to many doubts as to the soundness of his surgical views. To day, although he may not be esteemed a madman who declares he has not only ventured on the extirpation of this organ, but that he has actually performed it, he must know that he exposes himself to suspicions not very flattering to the opinion entertained of his regard for professional truth. Such is the light in which this matter is viewed by many of those authors whose works are consulted as guides in the dissecting room, or as preparations to operation. One says, such an operation as removing the parotid gland is “quite out of the question;” another calls such “an attempt certainly fatal,” and desires us “to be very tardy in giving credit to stories” told upon this subject; a third pronounces “the histories of such operations” to be “erroneous.” To these may be added numerous other observations of a similar purport, both from amongst surgical writers of this and of foreign countries. Against such authorities it would be useless to contend except by the opposition of facts: these, it must be expected, will increase slowly. But it may be calculated from the progress surgery has made within the last

few years, that this operation will be more frequently undertaken, and will be performed with as much success as attends any operation of an equal degree of importance. It is unnecessary to refer the reader to the cases lately published, and bearing upon this point, as it may be concluded they are already in his possession. To these I shall beg leave to add the corroborating weight of Sir Astley Cooper's authority. This distinguished surgeon informed me by letter, "that he has lately removed the parotid gland twice within the space of twelve months." The value the public naturally attach to his opinion, is so deservedly great, that I trust I shall be excused for quoting him from a private communication.

Every one will acknowledge it to be a troublesome dissection to remove the parotid gland from a healthy subject. If it be injected through its duct with quicksilver, the difficulty will appear to be considerably increased. With whatever dexterity and care the knife may be used, a division of some of the minute tubes cannot be avoided. The mercury becomes extravasated, and the experimenter desists, des-

pairing of accomplishing what he desired to effect, and concluding, when he finds matters so difficult in a dissection on the dead body, that they must be impossible on the living, more especially when this organ is the seat of great enlargement. The inference, certainly, seems to be very conclusive; and such I well remember it to have long been in my own opinion. However, having had an opportunity of examining at full leisure a very large tumor of the gland, I remarked that it did not involve the surrounding parts in disease. I found its boundaries to be well defined; its deeper surfaces to be covered by a seeming capsule, and this capsule united to the parts adjoining by a layer of cellular substance, which was easily traced, and for the most part readily yielded to the handle of the knife. From these changes, I thought it likely that a part, which in a state of health I often failed in removing, might be turned out from the situation it held in a state of disease, without risking any of the consequences attendant on the use of the knife at a depth in which a surgeon ceases to be directed by his eyes.

Against the attempt to remove morbid enlargements of the parotid gland, it is urged that we can never be certain of removing the entire disease. I am inclined to attribute this opinion to an idea, that diseases of the gland extend by a diffusion of morbid structure amongst the surrounding parts. That this is not the fact, while those tumors preserve a moderate size, I feel myself authorised to assert; and that even when they attain to a formidable magnitude, they are still not disposed to draw them into disease further than by the operation of pressure or distension. So far from this being an applicable objection, I conceive it to be of no weight; for my observation tells me, the morbid structure is much better defined here than in any other of that class of diseases, in the nature of which enlargements of the parotid gland are, perhaps, erroneously thought to participate.

Were we to form an opinion merely from a view of the natural relation of this gland to the important organs in its vicinity, we would be led to side with those, who proclaim that any such operation as the removal of the gland



must be inevitably fatal. However, observation instructs us that those parts are pushed from their natural position by the morbid growth, rather than involved in its structure—and that a layer of cellular membrane continues for a long time interposed between the diseased mass and the important organs to which allusion is made. The same security afforded by the presence of this substance in the commencing stages of operation, is derived from it when the tumor is to be disengaged from its deepest connexions. It then gives way before the finger, which, as it were, roots behind the mass, or, it is broken up by the handle of the scalpel, the blade of this instrument being unnecessary in the advanced stages of the operation, except for the division of such bands of fascia as the finger may encounter.

END.

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